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ABSTRACT

The New York State Narcotic Addiction Control Commission undertook a survey of the state to gather information on community attitudes and knowledge of drugs and drug abuse. An extensive questionnaire (see TM 001 085) was administered to a sample of 6105 persons, representative of the state, who were 13 years old or older. The research findings and data regarding community characteristics, prevalence of drug use, the public's knowledge of the effects of various drugs, and over-all attitudes on drug-related issues are presented. Numerous statistical tables are included. (CK)

ED 059267

NACC

Public Knowledge & Attitudes on Drug Abuse in New York State

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and
MARY SNOW

RESEARCH
MONOGRAPH

ew York State
ARCOTIC ADDICTION
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PUBLIC KNOWLEDGE AND ATTITUDES ON DRUG ABUSE IN NEW YORK STATE

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Table of Contents

		PAGE
INTRODUCTION		1
PART 1.	Drugs as a Neighborhood Problem	2
	Perception of Problems by Area	2
	Sex and Age as Factors in Perception of Community Problems	7
	Perception of Neighborhood Problems as a Function of Racial or Religious Identity	9
	Social Status and Perception of Neighborhood Problems	14
	Summary	19
PART 2.	The Prevalence of Drug Use	21
	Total Drug Use	21
	Marijuana	22
	Heroin	26
	LSD (Lysergic Acid Diethylamide)	33
	Amphetamines (Pep-pills)	33
	Methedrine (Speed)	35
	Barbiturates (Sleeping Pills)	39
	Glue Sniffing	41
	Cocaine	43
	Morphine	45
	Hashish	46
	DMT (Dimethyltryptamine)	48
	Summary	49
PART 3.	The Public's Knowledge of the Effects of Various Drugs	50
	Marijuana	50
	Heroin	54
	LSD	55
	Amphetamines	55
	Summary	56
PART 4.	Public Awareness and Attitudes on Treatment of Addiction in New York State	56
	What Agencies Combat the Drug Problem and What They Should Do?	56
	What Would You Do About a Drug User You Know Personally?	57
	Where Should Treatment Facilities be Located?	60
	Summary and Interpretation	63
Appendix A.	Sample Design for Benchmark	64
Appendix B.	Questionnaire	69

INTRODUCTION

How concerned are New York State residents with drug problems in their neighborhood? How prevalent is drug abuse among them? How well informed are they about the effects of narcotics? What do they know and think about the agencies available for treating addicts? What are the most effective media for educating them on addiction and its treatment?

It is appropriate for the New York State Narcotic Addiction Control Commission to try to answer these five questions as accurately as possible, since its mandates under law are to "survey and analyze the state's needs . . . for the prevention and control of narcotic addition" and to "provide public education on the nature and results of narcotic addiction and on the potentialities of treatment and control . . ." (Article 9, Mental Hygiene Law, Narcotic Control Act, Section 204).

To procure this needed information the Commission used the same procedures that industry employs to determine what products or services the public requires. Instead of relying on guesswork, it hired a leading market research firm to interview a representative sample of New York State residents regarding the five questions raised above.

This research project was conceived by Dr. Daniel Glaser, the Commission's Director of Research, and was carried out by Audits and Surveys, Inc., of New York City. Their permanent staff of part and full-time interviewers in late 1968 administered a lengthy questionnaire to 6105 persons scientifically selected to be a representative sample of the residents of New York State 13 years of age or older. The interviews were conducted in the respondent's own homes, with one or two callbacks made if necessary to meet the selected subjects. Over eighty per cent were seen. The voluminous findings are summarized in this report.

This study was named the "Benchmark Survey," since it is the first such research undertaken and was an early project of the Commission, which only began its operations in 1967. If such surveys are repeated every few years, a comparison of their results with the findings of this study will provide an index of the effectiveness of the Commission and other agencies in educating the public on drug addiction.

The development, pretesting, administration, coding and tabulation of this survey was directed by Dr. Elizabeth Richards, aided by Mr. Bernard Albert and Mr. Carl Deppe, of Audits and Surveys staff, in consultation with the firm's president, Solomon Dutka and vice-president Lester Frankel, and with Dr. Glaser and other Commission personnel. Dr. Frankel designed the sampling procedure.

Parts 1, 2 and 3 of this report were written primarily by Daniel Glaser, and Part 4 by both Glaser and Miss Mary Snow. Glaser's work benefitted substantially at several points from prior tabulations or graphic summaries on some items prepared by Mrs. R. Renee Bowden, Mrs. Mary Koval or Mr. Clayton Hartjen.

Part 1. Drugs As A Neighborhood Problem

What do New York State residents regard as their most serious neighborhood problems? How do drug use and drug "pushing" compare with other problems in their view? To what extent does their perception of problems depend on where they live, on how old they are, or on other factors?

At the beginning of the interviews in this survey, in part to build up rapport, all subjects were asked a few questions about their neighborhood. They were then given a list of twelve problems and asked which of these problems their neighborhood had, and if their neighborhood had any other problems. The twelve problems listed were procured by counting the most frequently mentioned items in tape recorded discussions by groups of neighbors, organized by Audits and Surveys in several parts of the state, as a preliminary to development of the questionnaire. Six of the resulting twelve problems are on different aspects of crime, two are on drugs, one on alcoholism, and the remainder deal with unemployment, poor schools and racial tensions.

Perception of Problem by Area

As expected, the residents of New York City much more frequently perceived problems in their neighborhood, and perceived more problems, than did persons living elsewhere in New York State. Indeed, about 80 per cent of the New York City respondents reported problems, as compared with only 47 per cent in that city's suburbs, 54 per cent in upstate metropolitan areas and 52 per cent in the state's nonmetropolitan areas. Furthermore, the average New York City resident reporting any problems mentioned at least five of them, whereas only two or three were cited by the average person reporting problems in other parts of the state. Multiplying the percentages mentioning any problems times the average number mentioned by them we could summarize the above by saying that the average New York City resident reported four problems in his neighborhood whereas in the rest of the state the average resident reported only one or two problems.

As indicated in Table 1, the three problems most often cited by New York City residents were burglary (55 per cent), vandalism (42 per cent) and drug use (41 per cent). In the rest of the state vandalism was the most frequently cited problem, with burglary second in metropolitan areas outside of New York City, but unemployment the second most often cited problem in nonmetropolitan areas. Drug use was the third most often cited problem in the suburbs as well as the city of New York, but it was tenth in upstate metropolitan areas and seventh in nonmetropolitan areas.

Drug pushing was separated from drug use in the list of problems given the respondents. It was seventh in frequency of neigh-

TABLE 1

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD, BY MAJOR AREAS OF NEW YORK STATE, WITH PROBLEMS RANKED BY AREA

(Percentages Total Over 100 Because of Multiple Answers)

New York City*		New York City Suburbs**		Upstate Metropolitan Areas		Nonmetropolitan Areas		New York State Total	
1. Burglary	55%	1. Vandalism	27%	1. Vandalism	26%	1. Vandalism	22%	1. Burglary	34%
2. Vandalism	42	2. Burglary	21	2. Burglary	20	2. Unemployment	15	2. Vandalism	33
3. Drug Use	41	3. Drug Use	15	3. Unsafe Streets	19	3. Poor Police Protection	14	3. Unsafe Streets	25
4. Unsafe Streets	40	4. Car Theft	13	4. Poor Police Protection	14	4. Burglary	13	4. Drug Use	23
5. Car Theft	37	5. Drug Pushing	13	5. Car Theft	9	5. Unsafe Streets	11	5. Poor Police Protection	23
6. Poor Police Protection	36	6. Unsafe Streets	9	6. Alcoholism	8	6. Alcoholism	9	6. Car Theft	22
7. Drug Pushing	36	7. Poor Police Protection	9	7. Muggings	7	7. Drug Use	7	7. Drug Pushing	20
8. Muggings	31	8. Alcoholism	8	8. Poor Schools	6	8. Drug Pushing	5	8. Alcoholism	16
9. Alcoholism	27	9. Unemployment	6	9. Racial Tension	6	9. Poor Schools	5	9. Muggings	16
10. Unemployment	23	10. Poor Schools	5	10. Drug Use	6	10. Racial Tension	4	10. Unemployment	14
11. Poor Schools	22	11. Racial Tension	4	11. Unemployment	5	11. Car Theft	4	11. Poor Schools	13
12. Racial Tension	17	12. Muggings	4	12. Drug Pushing	4	12. Muggings	3	12. Racial Tension	10
13. Other	3	13. Other	1	13. Other	1	13. Other	1	13. Other	2
Total Population Aged 13 and Over, in Thousands									
6,074		2,755		3,094		1,860		13,784	
Per Cent Mentioning a Problem									
80%		47%		54%		52%		64%	
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem									
5.2		2.8		2.4		2.2		4.0	

*The five boroughs only.

**The New York City Standard Metropolitan Statistical Area, as defined by the U.S. Bureau of the Census, excluding the five boroughs of New York City (Note: This excludes suburbs not in New York State).

borhood problems mentioned in New York City. In the rest of the state drug pushing was much less frequently perceived as a neighborhood problem.

When boroughs of New York City or selected upstate metropolitan areas are considered separately, it is in Manhattan that residents are most conscious of all kinds of neighborhood problems (see Table 2). The least frequent mention of problems of every kind, with the exception of poor police protection, were found in the Albany-Schenectady-Troy and the Syracuse-Utica-Rome metropolitan areas. The most frequent mention of neighborhood drug use as a problem occurred in the Bronx and in Manhattan (mentioned by 50 per cent in each). Likewise, drug pushing was most often mentioned as a neighborhood problem in the Bronx (44 per cent) and Manhattan (42 per cent). On other problems, the most striking differences of these smaller areas reported in Table 2 from the larger areas reported in Table 1 was the mention of alcoholism as a problem by most Manhattan residents; they mentioned it over twice as frequently as did residents of other boroughs. In general, the perception of a neighborhood drug problem in upstate metropolitan areas was infrequent, the number mentioning it ranging from 2 to 9 per cent.

When New York City borough responses were separated according to sub-areas consisting of combinations of adjacent districts, the most frequent mention of drug problems in the neighborhood was in the South Bronx and Morrisania area (62 per cent mentioned drug use and 53 per cent mentioned drug pushing) and in North Manhattan (54 per cent mentioned drug use and 45 per cent mentioned drug pushing). Vandalism, unsafe streets, mugging, unemployment and alcoholism were also reported often in these areas. Car theft was most frequently mentioned in the Northwest (Astoria-Corona) section of Queens, presumably reflecting the fact that a larger proportion of the residents own cars there than in Manhattan or in most of the Bronx and Brooklyn neighborhoods. East Central Brooklyn, which contains the Ocean Hill-Brownsville district where the school strike was centered, had by far the greatest discontent with schools and with police protection of any area tabulated.

One of the most dramatic findings was that in New York City and in the state as a whole, racial tension was least often mentioned of the twelve neighborhood problems listed. Its relative rank was greatest in upstate metropolitan areas, where it was ninth, although it still was mentioned by only 6 per cent of the population in these relatively problem-free cities, while it was reported by 17 per cent in New York City. Poor schools were designated as a neighborhood problem almost as infrequently as racial tensions. These were the survey's findings despite the fact that the New York City school strike of late 1968, in which race tensions were allegedly aggravated, was in progress during much of the time when the interviews were conducted. Nevertheless,

TABLE 2

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD, BY SELECTED METROPOLITAN AREAS

(Percentages Over 100 Because Multiple Answers Were Possible)

	Albany Schenectady Troy	Syracuse Utica Rome	Rochester	Buffalo	Bronx	Manhattan	Brooklyn	Queens
Drug Use	3%	3%	5%	9%	50%	50%	42%	27%
Drug Pushing	2	4	4	6	44	42	37	26
Poor Schools	6	7	5	7	23	29	26	14
Unemployment	4	4	5	5	22	43	24	6
Poor Police Protection	22	17	10	11	33	44	38	33
Alcoholism	7	5	16	4	22	52	26	14
Car Theft	10	7	9	10	36	37	38	42
Vandalism	25	23	31	29	46	56	38	35
Racial Tension	3	3	8	9	14	29	18	10
Burglary	17	15	29	23	56	75	47	53
Unsafe Streets	16	17	16	26	48	50	37	33
Muggings	3	2	7	12	42	47	24	21
Other	2	(0.3)	1	2	7	3	3	4
Total Population Aged 13 and Over, in Thousands	300	372	294	622	971	1,127	1,503	1,144
Per Cent Mentioning a Problem	53%	49%	54%	58%	82%	90%	77%	78%
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem	2.3	2.2	2.7	2.6	5.4	6.2	5.2	4.1

TABLE 3

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD BY COMBINATIONS OF ADJACENT RECOGNIZED DISTRICTS IN NEW YORK CITY*

(Percentages Total Over 100 Because Multiple Answers were Possible)

	Manhattan North	Manhattan South	North & East Bronx	South Bronx-Morrisania	North-west Queens	Northeast-Central Queens	Queens: Jamaica	Brooklyn: Bay Ridge-Flatbush	East-Central Brooklyn	North-west Brooklyn
Drug Use	54%	46%	42%	62%	34%	24%	24%	41%	42%	45%
Drug Pushing	45	39	37	53	32	23	26	36	35	41
Poor Schools	35	23	9	42	18	12	13	15	57	24
Unemployment	54	31	7	43	12	2	6	11	49	30
Poor Police Protection	52	35	26	44	37	35	29	28	60	40
Alcoholism	57	46	9	39	20	9	16	17	42	29
Car Theft	42	31	34	38	47	40	42	38	36	41
Vandalism	60	52	41	53	44	34	30	34	43	43
Racial Tension	34	23	10	20	11	3	15	13	31	19
Burglary	77	73	50	66	58	56	45	37	61	56
Unsafe Streets	59	40	40	60	39	30	33	27	58	39
Muggings	57	36	34	54	31	16	21	14	39	31
Other	4	1	4	11	5	4	0	2	3	4
Total Population Aged 13 and Over, in Thousands	647	600	693	494	366	571	533	1,014	415	514
Per Cent Mentioning a Problem	93%	87%	78%	87%	82%	78%	75%	71%	86%	83%

*The following are brief descriptions of the area boundaries:

Manhattan North and South are separated by 74th Street on the West Side of Central Park and by 89th Street on the East Side.

Bronx is divided North and South mostly by Fordham Road, and East and West by Bruckner Blvd., but South Bronx here excludes all the area East of Bruckner, even that which is South of Fordham Road.

Northwest Queens is the Astoria, Long Island City and Corona districts, all West of Flushing Meadows and North of the Long Island and Brooklyn-Queens Expressways. Northeast and Central Queens is all of the remainder of Queens except for the Jamaica (East and West), which form our third unit of Queens.

Brooklyn's Bay Ridge-Flatbush section includes these districts plus Coney Island, Bensonhurst and Gravesend, all South of Lefferts and Church Avenues on Gravesend Bay and the Atlantic Ocean. East-Central Brooklyn extends from Bedford and Franklin Avenues to the Queens County line, and from Flushing Avenue to Jamaica Bay. Northwest Brooklyn lies East of the Bedford and Franklin Avenue boundary of Bedford-Stuyvesant, which is in East-Central Brooklyn.

racial tensions and poor schools were more often cited as problems in New York City than elsewhere, and as we have indicated, they were especially often cited where the school controversy was centered, in the East Central section of Brooklyn.

It is apparent that most New York State residents identified various aspects or types of crime and drug use as the main problems of their neighborhood, with unemployment and alcoholism also frequently mentioned in some areas.

Sex and Age as Factors in Perception of Community Problems

As shown in Table 4, the two sexes were remarkably similar in the frequency with which they cited various problems as characterizing their neighborhoods. Males mentioned vandalism most often and burglary second, while females reversed this sequence, but both mentioned unsafe streets third. Drug use was fourth and poor police protection fifth in frequency among problems mentioned by males, while these rankings were reversed for females, but for both sexes car theft was sixth, drug pushing seventh, alcoholism eighth, muggings and beatings ninth, unemployment tenth, poor schools eleventh and racial tension twelfth.

The 17 through 19 year olds were the age group most concerned with neighborhood problems, but especially with drug use and drug pushing. The 13 through 16 year old group was a close second in these concerns. Data not tabulated here indicate that within these age groups males slightly more frequently reported drug problems in their neighborhood than did females; for example, 37 per cent of the 17 through 19 year old males mentioned drug use, as against 31 per cent of females in this age group. These age and sex variations approximately parallel what we know of age and sex differences in drug use, especially for marijuana. The 17 through 19 year olds were also distinctly more concerned with unemployment than were any other age group, and they were least concerned with unsafe streets. Concern with burglary and vandalism, while most frequent among those in their thirties, is remarkably similar for all age groups. However, the most prominent relationship of age to any of the twelve problems investigated was the steady decline with age, after age 20, in awareness of drug problems in the neighborhood.

Figure 1 summarizes the relationship of age to perception of neighborhood problems in New York City only, for seven selected problems. The age variations in the city essentially parallel those in the state, except that virtually every age group in the city is more often aware of each problem than is the same age group in the state as a whole. For both city and state, persons aged 17 through 19 were most often concerned with drug problems. The "generation gap" is greater on drugs than on any other neighborhood problem. In the city those in their thirties were the age group most frequently concerned with the problems of vandal-

TABLE 4

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD, BY SEX AND AGE

(Percentage Total Over 100 Because Multiple Answers Were Possible)

	Males		Females		Age of Respondents					
Problem	Percent	Rank	Percent	Rank	13-16	17-19	20-29	30-39	40-49	50 and Over
Drug Use	24%	4	22%	5	33%	35%	28%	27%	21%	16%
Drug Pushing	21	7	20	7	29	31	23	23	19	14
Poor Schools	13	11	13	11	14	15	16	16	14	9
Unemployment	15	10	14	10	15	21	16	18	14	11
Poor Police Protection	23	5	23	4	19	26	24	26	22	21
Alcoholism	17	8	16	8	22	22	17	21	15	13
Car Theft	22	6	21	6	19	23	25	25	21	19
Vandalism	34	1	31	2	33	34	34	38	34	28
Racial Tension	11	12	10	12	12	13	13	13	8	8
Burglary	34	2	35	1	33	33	35	38	33	33
Unsafe Streets	25	3	26	3	25	21	29	28	24	24
Muggings and Beatings	17	9	16	9	17	18	19	17	15	15
Other	2	13	2	13	1	1	2	2	2	2
Total Population in Group Specified, in Thousands										
	6,557		7,227		1,190	600	2,524	2,359	2,364	4,747
Per Cent of Total Mentioning Any Problem										
	65%		62%		69%	72%	67%	68%	64%	58%
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem										
	4.0		4.0		3.9	4.1	4.2	4.3	3.8	3.7

ism, car theft, poor police protection, unemployment and poor schools. However, all city-state differences on the age factor were relatively slight.

Perception of Neighborhood Problems as a Function of Racial or Religious Identity

In defiance of anthropology, it is the custom in New York to classify people "racially" as white, Negro, Puerto Rican and Other. This is puzzling because Puerto Ricans include both whites and blacks. However, the Negro-white distinction in the United States is also biologically puzzling because it ignores all degrees of mixture in racial descent, and because there is only one distinct human species, the total human race. Therefore, this survey did not attempt to impose greater rationality on ethnic classifications in New York than is customary. People were categorized as Puerto Ricans if they called themselves this, and if not, the interviewer classified them as whites, Negroes or Other. The Puerto Ricans are only appreciable (10%) in New York City, and the "Other" category — Orientals and American Indians — were not numerous in any major area. Negroes are appreciable (19%) in New York City, but not quite five per cent of the population of its suburbs within New York State, and less than three per cent of the population of the rest of the state.

As shown in Table 5, in the state as a whole, 82 per cent of the Negroes, 79 per cent of the Puerto Ricans and only 61 per cent of the whites mentioned one or more of the twelve problems as characterizing their neighborhood. The average white mentioning any problem mentioned three or four of them, while the average Negro or Puerto Rican mentioning problems mentioned six of them. For all three groups, burglary was the most cited problem, while drug use was second for Negroes and Puerto Ricans and only fifth for whites. Indeed, drug use was mentioned as a neighborhood problem almost three times as often by Negroes as by whites. At the other extreme, race relations was the neighborhood problem least mentioned by all three ethnic groups and was next to unemployment as least mentioned by whites. However, it was still mentioned about three times as often by the minority group members as by whites.

The differences in ranking of problems by the several ethnic groups in New York City has fairly similar to their differences in the state as a whole, but in its suburbs unemployment was the problem most often mentioned by Negroes, and burglary switched from most to least mentioned of the twelve problems. Drug use in the suburbs was ranked third by whites but only fifth by Negroes, quite in contrast to their pattern in the city. In general, all groups in the suburbs mentioned problems much less than the city dwellers, and in contrast to the city pattern, suburban

FIGURE 1

PERCEPTION OF VARIOUS PROBLEMS IN THE NEIGHBORHOOD, BY AGE GROUPS, FOR NEW YORK CITY ONLY

(Percentage Reporting the Problem in Their Neighborhood)

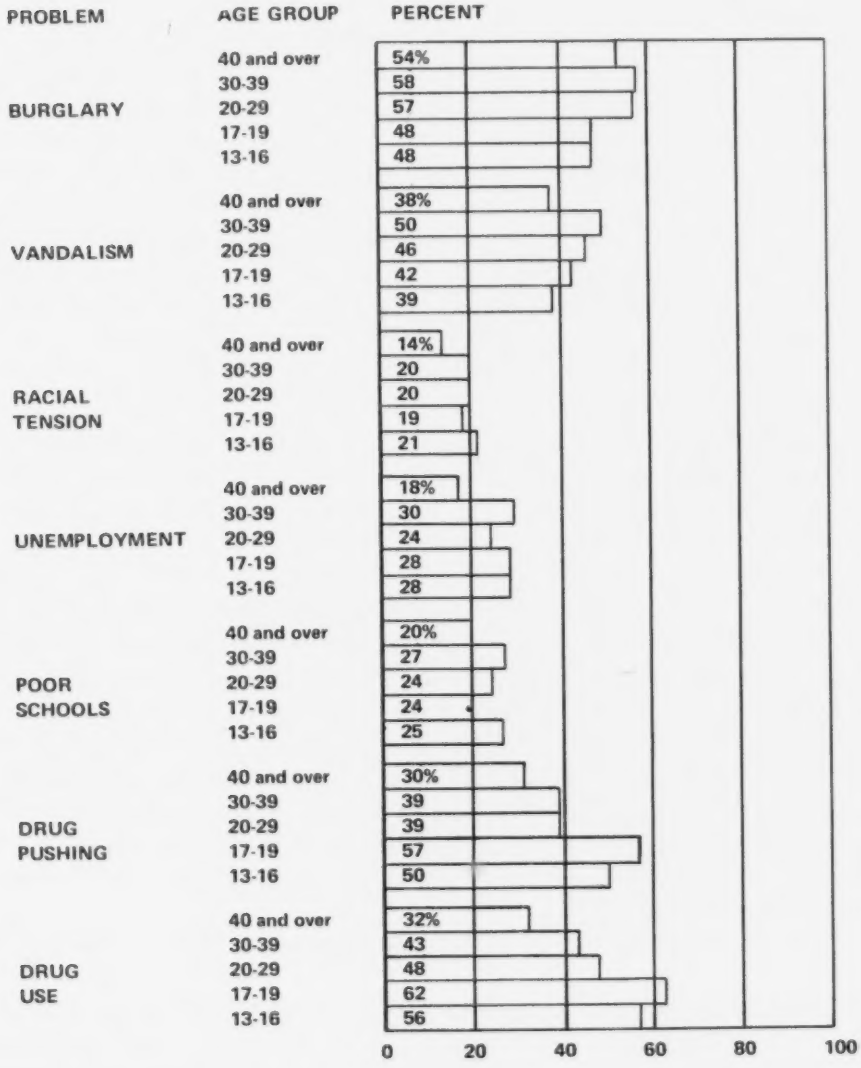


TABLE 5

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD, BY REGION AND RACE

(Percentages Total Over 100 Because Multiple Answers Were Possible)

PROBLEM	New York State						New York City						New York City Suburbs			
	Whites		Negroes		Puerto Ricans		Whites		Negroes		Puerto Ricans		Whites		Negroes	
	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank
Drug Use	18%	5	50%	2	46%	2	34%	5	59%	2	51%	2	15%	3	13%	5
Drug Pushing	16	7	46	6	40	6	30	6	54	4	45	5	13	5	13	6
Poor Schools	9	11	39	10	33	11	14	10	47	9	37	10	6	9	3	10
Unemployment	9	10	46	5	40	5	11	12	53	7	43	6	5	10	20	1
Poor Police Protection	18	6	51	3	42	4	29	7	58	3	45	4	8	7	18	3
Alcoholism	12	9	43	8	39	7	19	9	50	8	42	8	8	8	14	4
Car Theft	19	4	35	11	34	9	36	3	42	11	38	9	14	4	2	11
Vandalism	31	2	46	7	39	8	39	2	53	6	43	7	28	1	10	7
Racial Tension	8	12	27	12	23	12	12	11	31	12	26	12	4	11	9	8
Burglary	31	1	54	1	51	1	52	1	64	1	57	1	22	2	1	12
Unsafe Streets	21	3	49	4	44	3	35	4	54	5	47	3	9	6	20	2
Muggings and Beatings	12	8	39	9	34	10	26	8	46	10	36	11	4	12	4	9
Other	2	13	4	13	5	13	3	13	4	13	6	13	1	13	0	13
Total Population Aged 13 and Over in Group Specified, in Thousands:																
	11,601		1,393		710		4,252		1,124		633		2,549		135	
Per Cent of Total Mentioning Any Problem																
	61%		82%		79%		77%		88%		84%		47%		53%	
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem																
	3.4		6.5		5.9		4.4		7.0		6.1		2.9		2.4	

whites saw more problems in their neighborhood than did suburban Negroes. Possibly Negroes in the suburbs complained about their neighborhood less than whites did not because their neighborhoods were absolutely better than those of whites, but because they were better in comparison with the kinds of neighborhoods in which they would have to live within the city.

Figure 2 points up the fact that there is more of a generation gap among Negroes and Puerto Ricans than among whites, in that perception of most neighborhood problems varied with age among minority group members more than among whites. For example, 6 out of 10 of the 17 through 19 year old Negroes in the state mentioned poor schools as a neighborhood problem, as compared with 3 out of 10 Negroes aged 40 or over, but poor schools were mentioned by only about 1 out of 10 whites in every age range. Unemployment was cited by 7 out of 10 Negroes 17-19 years old and by only 4 out of 10 Negroes aged 40 or over; it was mentioned by about 1 out of 6 whites 17-19 years old, but by 1 out of 10 of whites in other age ranges. Actually, age differences within all racial groups were more similar for drug use and drug pushing than for other problems, as indicated by the more parallel curves for these drug matters in Figure 2. Finally, it is of interest that age differences in concern over racial tensions were relatively greater among Negores than among whites. Racial tensions were most often mentioned as a neighborhood problem by the 17-19 year old whites and least by those 40 or over, the percentage mentioning it for those two age groups being 12 and 6, respectively. Among Negroes racial tensions as a neighborhood problem were mentioned most by those 30-39 year old (33 per cent), almost as much by those 13 through 16 (30 per cent), least by those 17 through 19 (21 per cent) and almost as little by those aged 40 or more (23 per cent). Age variations within the Puerto Rican group generally were closer to the patterns found among the whites than to those found among the Negroes.

In addition to being classified racially, the persons interviewed were asked their religion. One or more of the twelve problems were mentioned as in their neighborhood by 74 per cent of those who gave their religion as Jewish, 62 per cent of the Protestants, 61 per cent of the Catholics, 71 per cent of the few who gave another religion, and 75 per cent of the few who said they had no religious preference. As shown in Table 6, all groups were mostly concerned with crime, particularly Jews. Drug use was the fifth most mentioned problem among Protestants, fourth among Catholics and seventh among Jews. Catholics, the chief users of private schools, complained of poor schools less than the other religious groups did. Unemployment and alcoholism were distinctly less often perceived as neighborhood problems by Jews than by Protestants, with Catholics intermediate on these matters but closer to Jews than to Protestants in low concern with these two problems.

FIGURE 2

PERCEPTION OF COMMUNITY PROBLEMS, BY RACE AND AGE

(Per cent mentioning the problem, for total N.Y. State population)

Whites = ————
Negroes = - - - - - - - -
P. R.= ·····

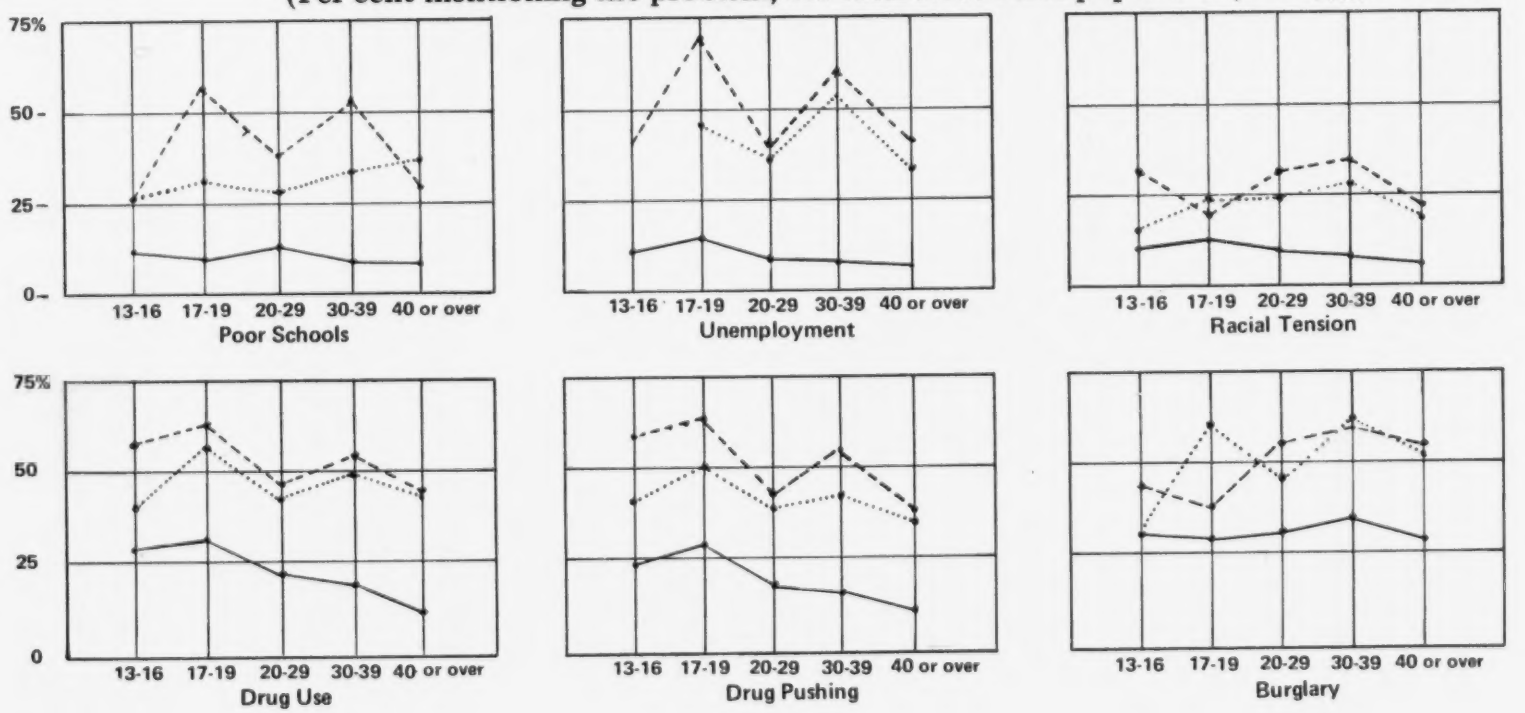


TABLE 6

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD, BY MAJOR RELIGIOUS GROUPS, WITH PROBLEMS RANKED BY GROUP

(Percentages Total Over 100 Because of Multiple Answers)

Protestants		Catholics		Jews	
1. Vandalism	32%	1. Burglary	31%	1. Burglary	51%
2. Burglary	30	2. Vandalism	29	2. Vandalism	42
3. Unsafe Streets	24	3. Unsafe Streets	23	3. Car Theft	35
4. Poor Police Protection	23	4. Drug Use	23	4. Unsafe Streets	35
5. Drug Use	20	5. Car Theft	21	5. Poor Police Protection	27
6. Alcoholism	18	6. Poor Police Protection	21	6. Muggings and Beatings	23
7. Drug Pushing	18	7. Drug Pushing	20	7. Drug Use	23
8. Unemployment	17	8. Muggings and Beatings	14	8. Drug Pushing	22
9. Car Theft	17	9. Alcoholism	14	9. Poor Schools	14
10. Muggings and Beatings	14	10. Unemployment	12	10. Alcoholism	13
11. Poor Schools	14	11. Poor Schools	11	11. Racial Tension	12
12. Racial Tension	10	12. Racial Tensions	9	12. Unemployment	10
13. Other	2	13. Other	2	13. Other	2
Total Population Aged 13 and Over in Groups Specified, in Thousands:					
4,442		6,650		1,573	
Per Cent Mentioning a Problem:					
62%		61%		74%	
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem:					
3.9		3.8		4.2	

Social Status and Perception of Neighborhood Problems

The subjects of this survey were classified by three characteristics that are distinctly indicators of social status in our society: their income, their education, and the interviewer's impression of the status of their neighborhood. Income was the total weekly income of all members of the household, but education was that of the member of the household selected for interview by the sampling plan. The categories into which the interviewers classified neighborhoods were: wealthy society, excellent white collar, better white collar, predominantly white collar, predominantly blue collar, working class, and slum. These categories were developed by the Audits and Surveys firm which has found them highly predictive of response differences.

Table 7 indicates a slight tendency for the number of different problems seen in the neighborhood to decrease as income in-

creases, but perception of some particular problems was not greatly affected by income. Unemployment especially, and to a lesser extent alcoholism, unsafe streets, poor police protection and poor schools, were reported decreasingly as income went up. Muggings and beatings were also more frequent complaints of the poor than of the rich. Car theft, as expected, was more important compared to other problems with increasing wealth, but was mentioned with about the same absolute frequency at every income level. However, burglary and vandalism were the two most frequently mentioned neighborhood problems at every income level. Drug use and drug pushing were also mentioned as neighborhood problems with remarkably similar frequency by all income groups.

Figure 3 shows variations in perception of selected problems in the neighborhood as a function of both age and income. "Unsafe streets" was mostly a problem to the poor except at the earliest teen ages, where income was not related to response on this. The related problem of "muggings and beatings" only becomes distinctly more often cited by the poor after age 20, and the disparity of the poor from the rich in concern for this problem is greatest when their ages are in the thirties. Unemployment, of course, separated the wealthier from the poorer subjects most, especially between the ages of 17 and 40. Poor schools were of greatest concern to the poor teenagers, and of much less concern among the wealthier. Concern with drug use, and especially with drug pushing, decreased much more with age than with income. Indeed, the drug problems are the most age-linked of any of the problems investigated.

Table 8 classifies the survey subjects by another index of social status, their educational attainment. The results largely parallel those found for income. The proportion concerned with some neighborhood problem was about the same at each education level, but the number of different problems they were concerned with decreased slightly with increasing education. Unemployment was much less a problem as education increased, and the same can be said of alcoholism. The less educated were also more concerned with poor schools, unsafe streets, muggings and beatings, and poor police protection than were the more educated. On the other hand, burglary, vandalism and car theft were mentioned with almost identical frequency by persons of every educational level. Concern with drug use, drug pushing and racial tensions decreased only slightly with increased education.

Table 9 shows the distribution of perception of neighborhood problems according to the interviewer's impression of the interviewee's neighborhood. In the scientific sampling procedure of the Audits and Survey firm, the response of each person in the 6,105 interviewed has a multiplier programmed by their computer. This multiplier is about 2257.8 for the average subject interviewed, so that the responses as tabulated total 6,105 times 2257.8 or 13,784,000 — the December 1967 estimate of New

TABLE 7

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOODS, BY FAMILY INCOME PER WEEK

(Percentages Total Over 100
Because Multiple Answers Were Possible)

Problem	Under $100		$100-149		$150-199		$200 or more	
	Per cent	Rank	Per cent	Rank	Per cent	Rank	Per cent	Rank
Drug Use	25%	5	24%	5	21%	4	22%	4
Drug Pushing	22	8	20	8	19	7	20	6
Poor Schools	16	11	15	11	10	10	11	10
Unemployment	24	6	19	9	9	12	8	12
Poor Police Protection	27	4	25	4	20	6	20	7
Alcoholism	22	9	20	6	13	9	12	9
Car Theft	23	7	21	7	21	5	22	3
Vandalism	34	2	32	2	32	1	33	2
Racial Tension	14	12	11	12	9	11	9	11
Burglary	37	1	34	1	30	2	36	1
Unsafe Streets	32	3	28	3	22	3	22	5
Muggings and Beatings	21	10	17	10	13	8	15	8
Other	3	13	2	13	2	13	2	13
Total Population Aged 13 and Over in Family Income Group, in Thousands:	3,045		3,364		2,924		4,451	
Per Cent of Total Mentioning Any Problem	67%		64%		59%		64%	
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem:	4.5		4.2		3.7		3.6	

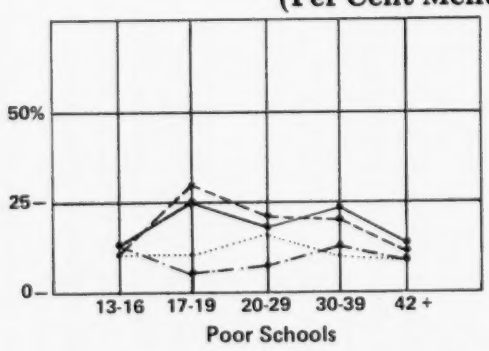
York State population aged 13 and above. However, the actual multiplier for each person in the sample varies with his age, sex, ethnic group and county, in order to make the total as representative as possible on these variables. Therefore, when each interviewee was classified by the interviewers according to their neighborhood, the computer added the multiplier for each interviewee rather than counting the number of respondents in each type of neighborhood. The result is an estimate of the size of the New York State population aged 13 or over living in neighborhoods of each of these types, which is shown in Table 8 on the third line of figures from the bottom. The reliability and validity of these interviewer assessments of neighborhoods is not known, but their pattern of differentiating responses suggests that they have considerable validity, especially in the extreme categories.

FIGURE 3

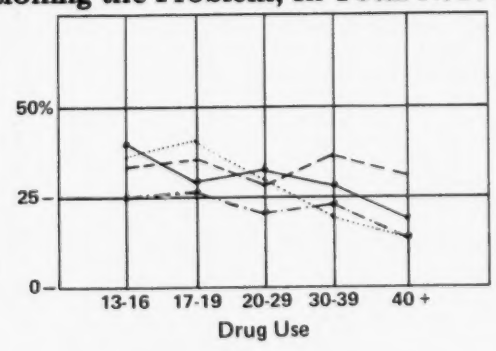
PERCEPTION OF COMMUNITY PROBLEMS BY WEEKLY INCOME OF HOUSEHOLD AND AGE OF RESPONDENT

(Per Cent Mentioning the Problem, In Total N.Y. State Population)

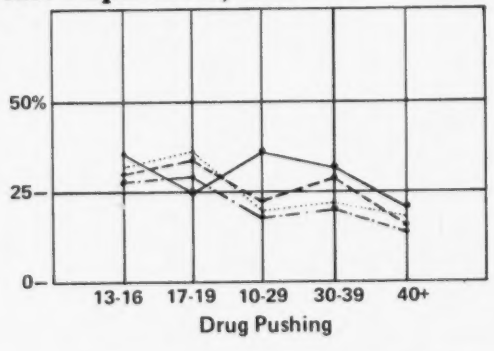
Under $100 = ————
$100-149 = – – – –
$150-199 = –.–.–.–
$200 or over = ...



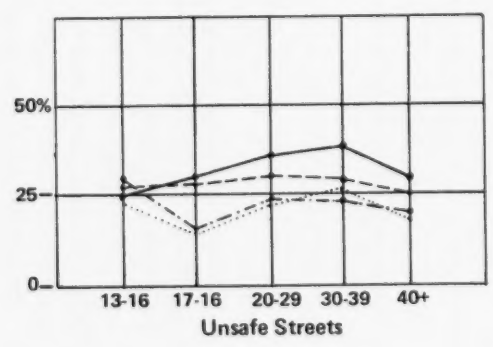
Poor Schools



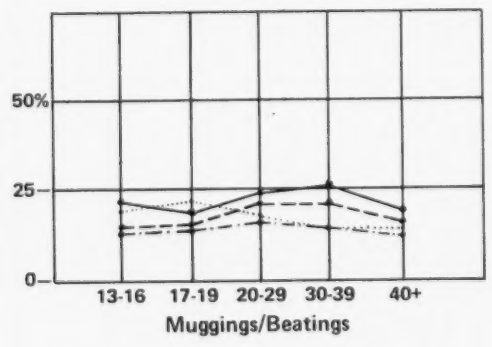
Drug Use



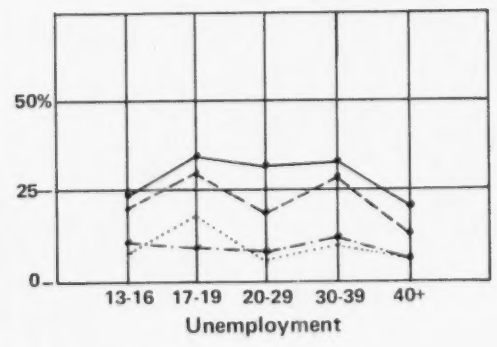
Drug Pushing



Unsafe Streets



Muggings/Beatings



Unemployment

TABLE 8

PER CENT MENTIONING VARIOUS PROBLEMS IN THEIR NEIGHBORHOOD, BY EDUCATION OF RESPONDENT

(Percentages Total Over 100
Because Multiple Answers Were Possible)

Problem	Highest Educational Attainment					
	Some High School or Less		Completed High School		Some College or More	
	Per Cent	Rank	Per Cent	Rank	Per Cent	Rank
Drug Use	24%	5	23%	4	21%	3
Drug Pushing	21	8	21	7	18	6
Poor Schools	15	11	12	10	11	10
Unemployment	21	7	11	11	8	12
Poor Police Protection	26	4	23	5	18	7
Alcoholism	20	9	16	8	13	9
Car Theft	22	6	22	6	21	5
Vandalism	32	2	33	2	34	2
Racial Tensions	12	12	9	12	9	11
Burglary	33	1	34	1	37	1
Unsafe Streets	30	3	23	3	21	4
Muggings and Beatings	19	10	15	9	14	8
Other	3	13	2	13	2	13
Total Population Aged 13 or Over in Educational Group, in Thousands:						
	5,509		4,064		3,991	
Per Cent of Total Mentioning Any Problem:						
	65%		62%		64%	
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem:						
	4.3		3.9		3.5	

An examination of Table 8 reveals a relationship of interviewer-assessed neighborhood status to perception of social problems that is similar to, but more pronounced than, the relationships indicated when income or education were taken as indices of social status. Only 40 per cent of the estimated 25,000 in "wealthy society" neighborhoods reported any problems in their neighborhoods, as compared with 85 per cent of the estimated 692,000 in what the interviewees called "slums." A drug use and drug pushing problem was reported by over half the people in the slums, as compared with only 11 per cent in the wealthy society neighborhood, and not much higher in other neighborhoods rated higher than working class in status.

Burglary was the first or second most frequently mentioned problem in every type of neighborhood, but it was reported over twice as often in the slums as in most other types of neighbor-

hoods. Indeed all types of crime were much more complained of in the slum than elsewhere, consistent with findings of survey research that very poor people are victims of crime twice as often as the rest of our society.[1] The working class complaints on schools, police protection and racial tension were almost as frequent as those of the slums regarding poor schools, poor police protection and racial tension, and twice as frequent as such complaints in all neighborhoods of status higher than working class.

TABLE 9

PER CENT MENTIONING VARIOUS NEIGHBORHOOD PROBLEMS, BY INTERVIEWER'S CLASSIFICATION OF NEIGHBORHOOD

(Percentages Total Over 100 Because Multiple Answers Were Possible)

	Wealthy Society	Excellent White Collar	Better White Collar	Pred. White Collar	Pred. Blue Collar	Working Class	Slum
Drug Use	11%	18%	18%	19%	22%	31%	54%
Drug Pushing	11	14	17	17	19	27	50
Poor Schools	8	12	11	9	10	25	34
Unemployment	23	1	4	7	13	31	53
Poor Police Protection	–	19	20	19	19	37	46
Alcoholism	23	7	9	12	15	28	48
Car Theft	23	24	21	19	21	21	39
Vandalism	13	32	33	31	31	34	56
Racial Tension	8	4	7	9	9	19	21
Burglary	25	48	37	34	29	35	58
Unsafe Streets	17	18	21	20	26	33	52
Muggings and Beatings	17	12	13	14	14	21	47
Other	3	3	1	1	2	3	4
Total N.Y.S. Population Aged 13 Years and Over in Neighborhoods Like Those Described, in Thousands:	25	650	1,331	4,478	4,835	1,937	692
Per Cent of Total Mentioning Any Problem:	40%	66%	59%	60%	62%	74%	85%
Average Number of Problems Mentioned by Each Respondent Mentioning a Problem:	4.6	3.2	3.6	3.5	3.7	4.7	6.6

Summary

1. Given a list of twelve problems and asked if these or any others were found in his neighborhood, the average New York City resident mentioned four problems whereas the average resident of the rest of the state reported only one or two.

[1] cf., President's Commission on Law Enforcement and the Administration of Justice, *The Challenge of Crime in a Free Society*, Washington, D.C.: Superintendent of Documents, 1967, p. 38.

2. Burglary and vandalism were the most frequently cited neighborhood problems in all parts of the state except for the nonmetropolitan areas, where vandalism was first, but unemployment was second, poor police protection third and burglary fourth.

3. Drug use was the third most often cited neighborhood problem in New York City, and in its suburbs, but while it was mentioned by 41 per cent in the city, only 15 per cent mentioned it in the more problem-free suburbs. In the upstate metropolitan areas only 6 per cent reported drug use as a neighborhood problem.

4. Within New York City, it was only in Upper Manhattan and in the South Bronx that most residents complained of drug use. Alcoholism was a neighborhood problem to a majority of residents only in Upper Manhattan. East Central Brooklyn, which contains the controversial Ocean Hill-Brownsville school district, had by far the greatest discontent with schools and with police protection of any area tabulated.

5. One of the most impressive findings of the survey was the relatively infrequent reporting of racial tension as a neighborhood problem. In most areas, it was the least mentioned of the twelve problems about which respondents were asked.

6. Males and females were quite similar in their designations of neighborhood problems. The major differences in age groups were the steady decline with age, after age 20, in awareness of drug problems in the neighborhood, and the concentration of concern with unemployment in the 17 to 19 year old age group. Drugs were seen as a neighborhood problem by teenagers more than twice as often as by people 50 and over.

7. Drug use was mentioned as a neighborhood problem about three times as often by Negroes and Puerto Ricans as by whites. It was second to burglary as the most frequently reported problem among these minority groups, but it was fifth for whites. However, the five per cent of the New York City suburban population that is Negro were relatively free of complaints about their neighborhoods, and their chief problem was unemployment. There was more of a generation gap — a difference of young from old — in perception of problems in the minority groups than in the white population.

8. As expected, concern with unemployment varied inversely with the income and the education of respondents, as did concern with alcoholism and poor police protection, but concern with drugs was quite similar at all income and educational levels.

9. The greatest contrast in resident's perception of neighborhood problems was found when subjects were compared on the basis of the interviewer's classification of the interviewer's neighborhood. Those whose neighborhoods were called "slums" by the interviewers were several times as frequently concerned with drugs and with most other problems as persons whose neighborhoods were classified more favorably.

Part 2. The Prevalence of Drug Use

Since possession of heroin or of marijuana is a crime, those who use such substances will not normally inform strangers of it. Therefore, it would not be very practical to estimate the number of illegal drug users by having pollsters call at a sample of homes to ask the residents if they use them. Nevertheless, the Division of Research of the New York State Narcotic Addiction Control Commission has used a polling technique to procure what is probably a good indication of the relative prevalence of abuse of drug substances in different components of the New York State population, even though it does not reveal the number of persons actually using drugs.

In the course of our survey, the interviewers first asked about the neighborhood, about the effects of drugs, and about agencies to treat addicts. Thus considerable rapport had been developed when they asked the subjects if they personally knew anyone who had used any of eleven kinds of drugs in the past year. There was then no resistance to answering this question.

The responses made to this inquiry by different groups of the population show the extent to which members of these groups have personally become acquainted with drug users. While this is not the same as the number in each group who actually use drugs, it is presumed that differences between groups in the number who know drug users must have some relationship to the extent of actual drug use within the groups. Thus, if 60 per cent in Group A and only 10 per cent in Group B know someone who uses a particular drug, it would seem safe to assume that such drug use is several times more frequent in Group A than in Group B. While this is not precise knowledge of the number of drug users in any group, it is the most systematic and objective indication we have ever had on the relative prevalence of drug use in different groups.

Such new knowledge is especially valuable on the so-called "soft drugs" — the non-opiates — for which arrest is so infrequent that we cannot estimate differences in drug use for different groups by the differences in their arrest rates. Indeed, there is much evidence that people in some age and occupation groups or in certain neighborhoods have much less risk of being arrested when they possess drugs than other people do. Therefore, the Commission's polling of a representative sample of the total population should yield indices of drug use that will not have the distortions which our statistics on criminals acquire from variations in risk of arrest for the same illegal act.

Total Drug Use

When asked late in 1968 if they happened to know any person who had used any of a list of eleven drugs in the past year, 22 per

cent of our sample of the New York State population aged 13 or older responded affirmatively. The proportions for each sex separately were 24 per cent of the men and 20 per cent of the women. Age made the most difference in percentage of positive responses, ranging from a high of 58 per cent among those 17 through 19 years of age, to a low of only 8 per cent among those 50 years old or older. The percentages for other age groups were: 13-16 years old 40%; 20-29 years old 35%; 30-39 years old 19%; 40-49 years old 18%. Other characteristics — such as race, religion or geographic region of residence — proved much less relevant than age to the extent of personal knowledge of drug users among those surveyed.

The above figures group together persons whose personal knowledge was of individuals using one or more of eleven highly diverse substances, from marijuana to barbiturates, and from heroin to glue. The responses differed greatly when these substances were considered separately. Among all New York State residents aged 13 and over, personal knowledge of users in the past year was highest for marijuana — 16 per cent; LSD and amphetamines (pep pills) were tied for second with only six per cent each; heroin and glue were tied for third with five per cent each; methedrine (speed) and barbiturates (sleeping pills) were tied for fourth with four per cent each; next in frequency were hashish three per cent, cocaine two per cent, and morphine and DMT one per cent each. In view of these differences, our analysis of the correlates of prevalence is done for each drug separately.

Marijuana

One-sixth of the New York State residents aged 13 years or over knew someone who used marijuana in the preceding year, but half of those 17 to 19 years of age had such personal knowledge. Contrastingly, only 4.4 per cent of persons aged 50 or over knew someone who used marijuana. In other words, awareness of marijuana use was over eleven times as frequent among 17 to 19 year olds as among those 50 or older.

This tremendous generation gap is illustrated in further detail by Part A of Table 10. New York City and its suburbs have the highest rates of knowledge of marijuana use in the state, for each age group. The rates are remarkably similar in city and suburbs. The age group differences found in the New York City area persisted upstate, even though rates for each age group are somewhat lower there. The age differentials also prevail in both sexes, in all income levels and in all major ethnic groups. However, the differences between generations in the proportion knowing someone who used marijuana is somewhat less among Negroes and Puerto Ricans than among whites. Perhaps this lesser gap can be attributed to the fact that it is harder for the ways of the young to be kept secret from older people in the crowded and impoverished

TABLE 10

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED MARIJUANA IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME

Area or Characteristic	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	31%	50%	28%	13%	7%	16%
New York City	35	55	32	16	10	19
New York City Suburbs*	39	53	28	24	7	18
Upstate Metropolitan	22	47	23	4	3	10
Nonmetropolitan	23	37	21	3	2	10
(2) Sex						
Males	27	58	35	16	8	18
Females	34	41	22	11	5	13
(3) Weekly Household Income						
Under $100	32	45	24	11	6	12
$100 – $149	30	43	27	14	5	14
$150 – $199	29	52	26	13	6	17
$200 and over	33	56	33	14	9	19
(4) Ethnicity						
White	32	52	30	12	6	16
Negro	14	42	20	15	11	15
Puerto Rican	29	46	17	19	10	17

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	20%	19%	10%	16%
Negro	17	9	10	15
Puerto Rican	17	**	**	17

PART C: BY RELIGION AND EDUCATION
(Total N.Y.S. Population 13 Years of Age or Older.)

Education		Religion			
Some High School or Less	11%	Protestant	12%	Other	19%
Completed High School	15	Catholic	15	No Preference	30
Some College or More	23	Jewish	22		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for their percentages to be reliable.

minority group ghettoes, than in the more spacious and well-to-do residential areas that have predominantly white inhabitants. Also, marijuana is reported to be a relatively recent import to the better residential areas, brought mainly by younger persons, but it has been relatively well-known in the slums for decades.

A second feature distinguishes our data on marijuana use from most official reports on illegal behavior. This is that prevalence is not greater among those of lower status than among the more elite. Indeed, awareness of marijuana use increased markedly with education, and for persons 17-19 years old particularly, it increased with household income. It was also slightly more prevalent among whites than among Negroes and Puerto Ricans, especially in the suburbs, and it was more prevalent among Jews than among Catholics or Protestants. Finally, as shown in Part D of Table 10, there was also somewhat more frequent reporting of marijuana use in the neighborhoods of higher than of lower status characteristics, according to a classification of neighborhoods applied by the Audits and Surveys interviewers.

In general, sex differences in awareness of marijuana use were much lower than those found for most types of illegal behavior. This may be because its use is associated with parties and often with efforts to arouse sexual excitement. While males were about 50 per cent more often aware of marijuana use than females, this was not the case for those under 17, among whom girls reported knowing marijuana users more often than boys did. Also confined only to those under 17 was much less awareness of marijuana among Negroes than among either whites or Puerto Ricans. Whites in their twenties reported awareness of marijuana use about 50 per cent more often than either Negroes or Puerto Ricans.

Part D of Table 10 suggests that the area of most concentrated marijuana use in New York State is the lower half of Manhattan. This is an area that encompasses Greenwich Village and the Lower East Side, both of which have reputations for extensive use of the "soft drugs." Apart from this area it is notable that people in the better residential areas of Queens report awareness of marijuana use about as often as do people in the slums of South Bronx, Manhattan North and East-Central Brooklyn. In upstate New York residents of the Syracuse and Buffalo metropolitan areas appear to be as unaware of marijuana use as residents of nonmetropolitan areas. However, the Albany and Rochester data suggest a prevalence of marijuana use there about midway between the nonmetropolitan level and that prevailing in New York City.

Those who reported knowing persons who used marijuana in the past year were asked how many such users they knew, the sex and approximate age of the users, and whether these persons were still using it. The median number of users in the past year known by those who knew any user was 2.3. Males knew twice as many male users as female users, while females knew about 50 per cent

TABLE 10 (continued)

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED MARIJUANA IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY

(Total Population Age 13 or Older)

(1) Metropolitan Areas of N.Y.S.	
New York City	19%
Suburban New York City	18
Syracuse-Utica-Rome	9
Albany-Schenectady-Troy	14
Buffalo	8
Rochester	12
Other Metropolitan Areas	14
Nonmetropolitan Areas of N.Y.S.	10

(2) Areas Within New York City***	
Manhattan North	19%
Manhattan South	33
North & East Bronx	17
South Bronx-Morrisania	21
Brooklyn: Bay Ridge-Flatbush	15
East Central Brooklyn	14
Northwest Brooklyn	19
Northwest Queens	21
Northeast Central Queens	21
Queens Jamaica	18
Staten Island	13

(3) Areas Within N.Y.S., by Interviewers' Classification of Neighborhood:		(Population 13 or Over in Thousands)****
Wealthy Society	16%	(25)
Executive White Col.	27	(650)
Better White Col.	19	(1331)
Predominantly White Col.	16	(4478)
Predominantly Blue Col.	14	(4835)
Working Class	14	(1937)
Slum	12	(692)

(4) N.Y.C. Boroughs	
Manhattan	25%
Bronx	19
Brooklyn	16
Queens	20
Staten Island	13

***The following are brief descriptions of the area boundaries:

Manhattan North and South are separated by 74th Street on the West Side of Central Park and by 89th Street on the East Side.

Bronx is divided North and South mostly by Fordham Road, and East and West by Bruckner Blvd., but South Bronx here excludes all the area East of Bruckner, even that which is South of Fordham Road.

Brooklyn's Bay Ridge-Flatbush section includes these districts plus Coney Island, Bensonhurst and Gravesend, all South of Lefferts and Church Avenues on Gravesend Bay and the Atlantic Ocean. East-Central Brooklyn extends from Bedford and Franklin Avenues to the Queens County line, and from Flushing Ave. to Jamaica Bay. Northwest Brooklyn lies East of the Bedford and Franklin Avenue boundary of Bedford-Stuyvesant, which is in East-Central Brooklyn.

Northwest Queens is the Astoria, Long Island City and Corona districts, all West of Flushing Meadows and North of the Long Island and Brooklyn-Queens Expressways. Northeast and Central Queens is all of the remainder of Queens except for the Jamaica (East and West), which form our third unit of Queens.

****This is an estimate based on the Audits and Surveys sampling ratio for each case which the interviewers classified by neighborhood, using the above categories. The sampling ratio averaged 2257.8 per case, as 6105 interviews were used to estimate frequencies for the 13,784,000 estimated population aged 13 and over in New York State. However, the sampling ratio for separate categories of cases-as classified by age, sex, ethnic group and county-diverged somewhat from 2257.8 to make their age, sex, ethnicity and county distribution of the multiplied cases identical with the proportions for these variables in the total state population.

more male users than female users. People in their twenties knew more users in their twenties than in any other age category, but people in every other age range knew more teenage users than users in all other age categories combined. A reasonable speculation to explain this may be that users in their twenties can isolate their social life from both older and younger persons more than teenage users can, as those in their twenties are less dependent than are most teenagers on the parental home as a residence or a recreation center.

Another peculiarity was that the older a person was who said that he knew marijuana users, the larger was the number of users he claimed to know. This was true even though there were fewer older than younger persons reporting that they knew marijuana users, and the older people described the users they knew as mainly teenagers. A reasonable speculation to explain these age differences in number of users known may be that: (1) the relatively few people in the parental generation who reported knowing drug users were reporting on groups of teenagers whom they knew by reputation as users, rather than by personal association; (2) younger persons, who more often reported knowing users but generally reported knowing only a small number, were usually reporting individuals with whom they associated personally (perhaps in many cases, as fellow users), rather than reporting people as groups with a reputation for usage.

At an earlier point in the interviews the subjects were asked if they knew of any people in their neighborhood who sell drugs. Only 7 per cent of the total state sample responded affirmatively, but the highest proportion — 15 per cent — was among the 17-19 year olds. The other age group percentages, in declining order, were 12 for the 13-16 year olds, nine for those in their twenties, six for those in their thirties, five for those in their forties, and only four per cent among those 50 or older. Of those reporting knowing someone who sold drugs, 56 per cent reported knowing someone who used marijuana in the past year, although only 16 per cent of the total sample knew users. Youthful age, knowing sellers and knowing users were clearly intercorrelated.

Heroin

Only five per cent of all New York State residents aged 13 years or over knew someone who used heroin in the preceding year. This is less than one-third the proportion of state residents who knew someone who used marijuana. Yet despite its apparently lesser prevalence than marijuana, heroin is involved in a majority of police arrests for drugs. The arrest rate reflects the facts that:

(1) Once one starts using an opiate, especially heroin, feelings of extreme sickness (nausea, cramps, chills) are experienced as the effects of the drug wear off.

(2) This sickness effect (called "abstinence syndrome" or withdrawal syndrome") is relieved only by immediate use of more of the same type of drug, thus giving the user a condition known as "physiological dependence." Such urgent need for more of the same drug does not characterize use of non-opiate drugs nearly as much as it does use of opiates, especially heroin, although it also occurs with barbiturates. It should be stressed, however, that a large proportion of heroin users today take such small dosages of such diluted drugs that psychological conditioning or social pressure may motivate their drug use more than physiological dependence.

(3) Partly because of physiological dependence, heroin users exceed all other types of drug users in the extent to which they commit crimes to obtain money for drug purchases, for they usually are more desperate for more drugs when their supply runs out than are users of other types of drugs. Heroin, of course, also costs more than most other drugs, and is distributed more exclusively in high crime rate areas. In a sample of offenders admitted to the New York City Penitentiary of Rikers Island in 1966 for non-narcotic offenses, but for whom the files indicated admission or report of drug use, we found that 98 per cent were opiate users.

Table 11 indicates an age differential in knowing heroin users much like that for knowing marijuana users, although knowing marijuana users is more frequent than knowing heroin users. The 17-19 year old youth more often knew users of both drugs than did people in any other age range, but only 17 per cent of them knew someone who used heroin in the past year, as compared with 50 per cent knowing someone who used marijuana. The average age of those knowing a heroin user was 30.7, while the average age of those knowing a marijuana user was 28.7. For the total state sample, the percentage of 17-19 year olds knowing heroin users was seven times as high as this percentage among persons 50 or older; for knowledge of marijuana users the ratio between those two age groups was about 11 to 1.

Knowing a heroin user was reported more than twice as frequently in New York City as elsewhere in the state. It was especially high in a few slum areas within the city. Whether we examine knowledge of heroin users by age groups in different areas, for the sexes separately or separately for income or ethnic categories, the generation gap persists, but its pattern varies somewhat. Most striking is that in households of under $100 weekly income 13-16 year olds reported knowing heroin users more often than the 17-19 year olds did. Also for Puerto Ricans and for females, as well as for New York City as a whole, the per cent of 13-16 year olds knowing heroin users was closer to the per cent among those 17-19 years old than it was for other groups or areas. Perhaps this

TABLE 11

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED HEROIN IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	9%	17%	8%	5%	3%	5%
New York City	15	23	13	7	5	8
	13-19		20-39			
New York City Suburbs*	8%		7%		1	4
Upstate Metropolitan	5		3		1	2
Nonmetropolitan	8		1		1	2
(2) Sex						
Males	8	21	11	5	4	7
Females	9	12	5	5	2	4
(3) Weekly Household Income						
Under $100	16	11	10	4	3	5
$100 – $149	8	20	9	6	2	5
$150 – $199	7	13	7	5	2	5
$200 and over	6	21	7	6	3	5
(4) Ethnicity						
White	8	16	7	4	2	4
Negro	8	26	14	11	7	10
Puerto Rican	18	24	10	9	9	11

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	7%	4%	2%	4%
Negro	12	4	6	10
Puerto Rican	12	**	**	11

PART C: BY RELIGION AND EDUCATION (Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	5%	Protestant	4%	Other	9%
Completed High School	5	Catholic	5	No Preference	12
Some College or More	7	Jewish	6		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside of New York City for their percentage to be reliable.

TABLE 11 (continued)

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED HEROIN IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY (Total Population Age 13 or Older)

(1) Metropolitan Areas of New York State

New York City	8%
Suburban New York City	4
Syracuse-Utica-Rome	3
Albany-Schenectady-Troy	1
Buffalo	2
Rochester	2
Other Metropolitan Areas	2
Nonmetropolitan Areas of New York State	2

(2) New York City Boroughs and Heroin Use Indicators

New York Boroughs	Per Cent Knowing Heroin Users	Per Cent of Total Knowers	Population Aged 13 or Over (in Thousands) No.	%	Per Cent of Arrested Drug Users* 1968	Per Cent of Cases Reported to N.Y.C. Narcotics Register 1967
Manhattan	10%	24%	1,247	20%	46%	46%
Bronx	10	23	1,188	21	26	23
Brooklyn	7	27	1,943	32	22	24
Queens	8	24	1,471	24	5	6
Staten Island	5	2	226	4	1	1
Total	**8%**	**100%**	**6,074**	**100%**	**100%**	**100%**

greater concentration of such knowledge in 13-16 year olds for these groups reflects the fact that the addict's life is concentrated on the streets of slum residential areas. In the slums young adolescents and females are in closer contact with the street activities than they are elsewhere. This is because the street has the family social and recreational functions of the back and front yards and even of living and recreation rooms in better residential areas, but unlike yards and rooms, the streets are shared by all nearby families. The Puerto Ricans are disproportionately in the slums, and their more close—knit families and distinctive language community may make their social life more concentrated within their blocks than it is for Negroes, so their youngsters will know more fully the life of all the block's residents.[2]

Table 12 also shows that the persons reported as addicts to the New York City Department of Health's Narcotics Register include a much larger proportion of Negroes and Puerto Ricans and a smaller percentage of whites than is suggested by our survey data

[2] See Gerald F. Suttles, *The Social Order of the Slum: Ethnicity and Territory in the Inner City*, Chicago: University of Chicago Press, 1968.

on number in each ethnic group who know users. This may reflect an over-reporting of Negro and Puerto Rican addicts to the Register or an under-reporting of Negro and Puerto Rican knowers of addicts in our survey. There is reason to believe that both these processes are involved. Analysis of the Narcotics Register by neighborhood indicates an extreme concentration of their cases in areas at the center of ethnic ghettoes, which have a small fraction of the total state and city populations of each ethnic group interviewed in our survey. In addition, the Narcotics Register reports on addicts come primarily from the police and from public hospitals, but there is evidence that white addicts are less likely to be arrested and are more likely to go to private rather than public treatment agencies than are Negroes or Puerto Ricans.

The median number of heroin users known by each of the five per cent of the population who reported knowing any was 3.7; this exceeds the median of 2.3 users reported known by each of the 16 per cent of the population who reported knowing one or more marijuana users. This may reflect the greater geographic concentration of heroin usage in a small number of crowded slum areas.

Those in both sexes who reported knowing heroin users reported knowing about five times as many male as female users. This contrasts with the finding that males knowing marijuana users knew twice as many males as females and females knowing marijuana users knew 50 per cent more male than female users. The heroin figures, however, are close to the 4 to 1 ratio of male to female reports of persons addicted received by the New York City Health Department's Narcotics Register, from police and medical sources. The ratio of males to females in the Commission's facilities are almost 9 to 1, but it is believed that this overstates the male predominance among drug users because male addicts have a greater probability of arrest and of civil commitment by relatives than female addicts.

Those who knew heroin users described over 40 per cent of those they knew as "male teenagers," whereas more than half the marijuana users known received this description. Indeed, females reported knowing male heroin users in their twenties slightly more often than male teenage users, although they reported knowing somewhat more female teenage users than female users in their twenties. This is consistent with the other indicators that heroin users average somewhat older than marijuana users.

With knowers of heroin users as with knowers of marijuana users, the older a person was who said he knew any user, the larger the number that he said he knew. Presumably our speculative explanation for this finding presented earlier with respect to marijuana, where it is more pronounced, also applies to this pattern for knowledge of heroin users. This was that older persons report on groups of teenagers they know by the group's reputation, while younger informants are more often reporting on individual users they know personally.

While the above interpretation seems reasonable, it should be noted that when we deal with a drug for which reports of knowing users are very infrequent, the number of knowers of users in our sample of 6,105 becomes quite small. Therefore, chance variations in sampling are more likely to cause irregular fluctuations in findings for the infrequently reported drugs in small population groups than for those more frequently reported. For this reason, variations by age group in our data for New York City suburbs, upstate metropolitan areas and nonmetropolitan areas of the state were not tabulated in as detailed an age division as was warranted for the more populous areas with higher percentages knowing drug users.

The percentages of persons in each borough of New York City who reported knowing heroin users is indicated in Part D (2) of Table 11. This shows ten per cent each for Manhattan and Bronx, as compared with eight per cent in Queens, seven per cent in Brooklyn and five per cent in Staten Island. Yet because of the greater population in Brooklyn and Queens than in Manhattan and Bronx, these two larger boroughs slightly exceed Manhattan and Bronx in their total number of persons knowing heroin users, and the four boroughs are quite similar in their percentage of the city's total knowers. By contrast, the New York City Police Department data on arrested drug users and the City Department of Health's Narcotics Register's data on regular opiate users, for the last year on which their tabulations are complete, show about twice as many in Manhattan as in Bronx or Brooklyn, and many fewer in Queens. The police and Register data probably reflect a movement of addicts to Manhattan, the prime drug distribution area, and to a lesser extent to Brooklyn and Bronx slums, from prior residence elsewhere. Therefore, they could well be known by persons elsewhere but be arrested or committed to city hospitals mostly in Manhattan, and more often in Bronx and Brooklyn than in Queens. (The Register's data are drawn primarily from police and city medical center case reports). It is also probable that heroin users in better residential areas are less often arrested and more often are treated by private agencies, hence are underreported in police and Register figures, than addicts in slum areas. In addition, it should be noted that Narcotic Register data over time indicate that Bronx is catching up to Manhattan in rates of reporting addicts, and the Register's tabulation lags by a few years, so the similar figures for these two boroughs in our survey data may partially reflect this trend.

Unlike marijuana use, heroin use does not seem to be clearly associated with status. The percentage reporting that they knew heroin users was almost identical for all income groups, and increased only slightly with education. There was also little variation by religious groups. Finally, it is more frequent among Negroes and Puerto Ricans than among whites, in contrast to familiarity with marijuana users, which we found more among whites than among Negroes or Puerto Ricans. The slightly higher aware-

ness of heroin use with some college education may reflect a finding in some studies, that addicts in lower status areas and minority groups are more educated than their peers there.[3]

While 11 per cent of Negroes and Puerto Ricans reported knowing a heroin user, compared with four per cent of whites, because Negroes are only ten per cent and Puerto Ricans five per cent of the state's population, whites still comprise more than two-thirds of the people reporting that they knew someone who used heroin in the past year. This is indicated in Table 12, which also shows comparable data for New York City, in which these minority groups are larger proportions of the total population.

TABLE 12

VARIATIONS IN KNOWLEDGE OF HEROIN USAGE BY ETHNIC GROUP POPULATIONS, NEW YORK STATE AND NEW YORK CITY

(A) For New York State

Ethnic Group	Population in N.Y.S. Aged 13 or Over		Estimated Persons Knowing Heroin Users		
	Number	%	% of Ethnic Population	Number	% of N.Y.S. Knowers
Whites	11,601,000	84%	4%	489,000	68%
Negroes	1,393,000	10	11	146,000	20
Puerto Ricans	710,000	5	11	76,000	11
Others	77,000	1	11	8,000	1
Totals: N.Y.S.	**13,781,000**	**100%**	**5%**	**719,000**	**100%**

(B) For New York City:

Ethnic Group	Population in N.Y.C. Aged 13 or Over		Estimated Persons Knowing Heroin Users			N.Y.C. Narcotics Register: Per Cent of Active Cases 1964 – 1967
	Number	%	% of Ethnic Population	Number	% of N.Y.C. Knowers	
Whites	4,252,000	70%	7%	297,000	58%	24%
Negroes	1,124,000	19	12	132,000	26	49
Puerto Ricans	633,000	10	12	76,000	15	26
Others	65,000	1	12	8,000	1	1
Totals: N.Y.C.	**6,074,000**	**100%**	**8%**	**513,000**	**100%**	**100%**

[3] See: Lois B. DeFleur, John C. Ball and Richard W. Snarr, "The Long–Term Social Correlates of Opiate Addiction," paper presented at American Sociological Association Annual Meetings, 1968, and now in press. Arnold Abrams, John N. Gagnon and Joseph J. Levin, "Psychosocial Aspects of Addiction," *American Journal Public Health*, Vol. 58, No. 11 (Nov. 1968), pp. 2142-2155.

LSD (Lysergic Acid Diethylamide)

Six per cent of the New York State residents aged 13 or over knew someone who used LSD in the preceding year. As Table 13 indicates, its distribution is much like that of marijuana, though less extensive; it was most frequent among those with the most education, its use increased with higher income, and it was especially concentrated among those of youthful age. It was also more frequent among those of Jewish than of other religions, and slightly more frequent among Puerto Ricans than among Negroes or whites.

With LSD as with marijuana, there was an especially marked generation gap in knowledge of users. For 17 to 19 year olds, 21 per cent in the state knew a user, 27 per cent in New York City and 28 per cent in New York City suburbs. Knowledge of LSD users was much lower upstate than in the New York City metropolitan area. For the state as a whole, the ratio of knowledge of users among those 17 to 19 to such knowledge among those 50 or older was 13 to 1, as compared to 11 to 1 for marijuana and 7 to 1 for heroin.

For LSD as for marijuana, knowledge of users was highest in Manhattan, with Queens second. However, although Bronx was close to Queens in percentage reporting marijuana use, it was lowest on LSD, and Brooklyn was third. The Manhattan South area had 19 per cent report knowing LSD users; thus for LSD as for marijuana, this area known for its "hippie" concentration had more extensive knowledge of users than any other neighborhood area we distinguished within Boroughs. However, marijuana is the only drug for which the percentage knowing users is large enough to warrant detailed comparisons of all neighborhoods with our size sample.

Amphetamines (Pep Pills)

Six per cent of the residents of New York State 13 years of age or older knew people who used amphetamines. Generally these drugs are called "pep pills," and respondents were given both terms. This is the same percentage as knew LSD users.

While persons who knew amphetamine users were most frequent in New York City, they were less concentrated geographically within the state and within the city than were those who knew LSD or heroin users.

The age differential in knowing users was greater for amphetamines than for any other substance discussed thus far. The rate for 17-19 year olds in the state as a whole was 22.8 per cent, as compared with a rate of only 1.2 per cent for those aged 50 or over, or a ratio of 19 to 1. The age differentials persisted in all subgroups examined (although our highest age group tabulated is only age 40 and over for areas less than the total state). Among males in the state as a whole and for the total population of New

TABLE 13

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED LSD IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	12%	21%	13%	5%	2%	6%
New York City	19	27	16	6	3	9
New York City Suburbs*	10	28	10	6	1	5
	13-19		20-39			
Upstate Metropolitan	6%		8%		1	4
Nonmetropolitan	9		5		1	3
(2) Sex						
Males	10	24	18	7	3	8
Females	14	18	10	3	1	5
(3) Weekly Household Income						
Under $100	17	25	12	5	2	5
$100 – $149	10	11	12	5	1	5
$150 – $199	11	23	12	5	2	7
$200 and over	12	23	17	5	3	7
(4) Ethnicity						
White	13	21	15	5	2	6
Negro	5	18	12	2	5	6
Puerto Rican	14	33	4	12	3	7

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	9%	5%	4%	6%
Negro	7	3	2	6
Puerto Rican	8	**	**	7

PART C: BY RELIGION AND EDUCATION
(Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	4%	Protestant	4%	Other	12%
Completed High School	5	Catholic	6	No Preference	15
Some College or More	10	Jewish	10		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

TABLE 13 (continued)

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED LSD IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY (Total Population Age 13 or Older)

(1) Metropolitan Areas of N.Y.S.		(2) New York City Boroughs	
New York City	9%	Manhattan	13%
Suburban New York City	5	Bronx	6
Syracuse-Utica-Rome	6	Brooklyn	7
Albany-Schenectady-Troy	5	Queens	10
Buffalo	3	Staten Island	3
Rochester	2		
Other Metropolitan Areas	7		
Nonmetropolitan Areas of N.Y.S.	3		

York City of both sexes, 29 per cent of those 17-19 year old knew amphetamine users. The predominance of males over females in this knowledge tended to decline with age. This may well be because amphetamines are often used by older women as an aid in weight reduction.

The rate of knowing amphetamine users was only slightly linked to status. It was slightly lower among those in households with incomes under $150 per week than in those from wealthier households. It was four per cent among Negroes as against six per cent among whites and among Puerto Ricans. Knowledge of amphetamine users distinctly increased with education, perhaps reflecting the frequent use of these pills by students to stay awake while preparing for examinations or completing term-papers just before their due dates. It was slightly more frequent among Jews than among Catholics and Protestants.

Methedrine (Speed)

Chemically methedrine is a type of amphetamine, so our inquiry on knowledge of its use separately from our inquiry on amphetamines was not sound. However, in popular parlance it is treated separately, and is commonly known as "speed." This common differentiation was established by Audits and Surveys in neighborhood discussions organized and tape recorded in several parts of the the state as a preliminary to formulation of the interview questionnaire.

Four per cent of the New York State population aged 13 or over knew someone who had used methedrine in the past year. This percentage varied from a high of 17.4 per cent among persons of age 17 through 19 to 8/10 of one per cent among those 50 or older, or a ratio of 22 to 1, the highest encountered for any

TABLE 14

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED AMPHETAMINES (PEP PILLS) IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	12%	23%	11%	5%	2%	6%
New York City	17	29	13	4	3	8
New York City Suburbs*	15	14	9	13	2	6
	13-19		20-39			
Upstate Metropolitan	12%		5%		2	4
Nonmetropolitan	7		6		1	4
(2) Sex						
Males	11	29	13	7	3	7
Females	13	15	8	4	2	5
(3) Weekly Household Income						
Under $100	16	21	12	3	2	5
$100 – $149	14	19	11	5	1	5
$150 – $199	10	22	11	6	3	7
$200 and over	11	27	10	5	3	6
(4) Ethnicity						
White	13	23	12	6	2	6
Negro	10	17	7	2	2	4
Puerto Rican	12	26	9	3	3	6

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	8%	7%	4%	6%
Negro	5	0	2	4
Puerto Rican	6	**	**	6

PART C: BY RELIGION AND EDUCATION (Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	5%	Protestant	5%	Other	7%
Completed High School	6	Catholic	6	No Preference	11
Some College or More	8	Jewish	7		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

TABLE 14 (continued)

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED AMPHETAMINES (PEP PILLS) IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY (Total Population Age 13 or Older)

(1) Metropolitan Areas of N.Y.S.		(2) New York City Boroughs	
New York City	8%	Manhattan	7%
Suburban New York City	6	Bronx	6
Syracuse-Utica-Rome	4	Brooklyn	7
Albany-Schenectady-Troy	5	Queens	9
Buffalo	4	Staten Island	12
Rochester	4		
Other Metropolitan Areas	6		
Nonmetropolitan Areas of N.Y.S.	4		

substance investigated. Users were known to 25 per cent of persons aged 17 through 19 in New York City and by 26 per cent of this age group among Negroes. Males reported knowledge of users more than females, but such a sex difference was less for methedrine than for other drugs.

As with amphetamines, for methedrine there was only a slight link between knowledge of users and indices of status. It was reported most by persons from households with $150 or over weekly income, but it was reported more often from households with under $100 than with $100 to $149 weekly income. This was one of the few drugs on which reports of knowing users were less frequent from Puerto Ricans than from Negroes or whites, but this difference was small. However, there was a clear increase in knowledge of methedrine users with education, increasing from three per cent for those with some high school or less to six per cent for those with some college or more. Knowledge of methedrine users was also reported twice as frequently by Jews (6%) as by Protestants (3%), with Catholics intermediate.

Knowledge of methedrine users was most frequently reported in New York City, and within New York City, most in Manhattan. However, the rate of knowledge of methedrine users was almost as high in Queens as in Manhattan, confirming impressions that "speed" is especially a middle class youth indulgence.

TABLE 15

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED METHEDRINE (SPEED) IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	7%	17%	8%	2%	1%	4%
New York City	12	25	10	3	2	6
	13-19		20-39			
New York City Suburbs*	8%		3%		1	3
Upstate Metropolitan	6		4		1	3
Nonmetropolitan	5		3		1	2
(2) Sex						
Males	6	20	11	2	2	5
Females	9	14	5	2	1	3
(3) Weekly Household Income						
Under $100	13	17	10	3	1	4
$100 – $149	5	9	6	1	(0.1)	2
$150 – $199	6	20	6	2	3	5
$200 and over	7	21	8	2	2	5
(4) Ethnicity	13-19		20-39			
White	11%		5%		1	4
Negro	9		6		2	4
Puerto Rican	6		2		2	3

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	6%	3%	2%	4%
Negro	5	3	2	4
Puerto Rican	3	**	**	3

PART C: BY RELIGION AND EDUCATION (Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	3%	Protestant	3%	Other	7%
Completed High School	4	Catholic	4	No Preference	7
Some College or More	6	Jewish	6		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

TABLE 15 (continued)

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED METHEDRINE (SPEED) IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY (Total Population Age 13 or Older)

(1) Metropolitan Areas of N.Y.S.		(2) New York City Boroughs	
New York City	6%	Manhattan	8%
Suburban New York City	3	Bronx	4
Syracuse-Utica-Rome	3	Brooklyn	5
Albany-Schenectady-Troy	5	Queens	7
Buffalo	1	Staten Island	0
Rochester	2		
Other Metropolitan Areas	4		

Barbiturates (Sleeping Pills)

Barbiturates, widely used by prescription as sleeping pills by adults, are also an abused drug among youth. In one form primarily used illegally it is commonly known as a "goofball," and various forms diverted from medical channels have other nicknames (e.g., "yellow jackets" for nembutals). We suspect that in the context of our interviews most of the reference is to illegal use, rather than to the use of barbiturates as sedatives or sleeping pills on the basis of medical advice and prescription. At any rate, only three per cent of the New York State residents aged 13 or over reported knowing anyone who used barbiturates or sleeping pills.

The rate of response on this was much more uniform than that for most other drugs, when we compared all parts of the state and of New York City. However, the city rate was four per cent, and the Manhattan rate was five per cent, as compared with three per cent in the suburbs and upstate, and in the Bronx.

The 17-19 year age group was highest in reporting knowledge of barbiturate users, as with all other drugs. Indeed, 13 per cent of this age group reported such knowledge compared with one per cent among persons 50 or over. It is possible that much medically prescribed usage, by older persons, is not as talked about and known to others as is illegal use among younger persons. Males reported it somewhat more frequently than females. On this drug older people most often described the users they knew as older, especially older females, whereas for most other drugs older people describe most of the users they know as male teenagers.

TABLE 16

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED BARBITURATES (SLEEPING PILLS) IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	6%	13%	6%	3%	2%	3%
New York City	10	16	8	2	2	4
	13-19		20-39			
New York City Suburbs*	4%		6%		(0.6)	3
Upstate Metropolitan	7		2		2	3
Nonmetropolitan	7		4		2	3
(2) Sex						
Males	9	14	7	4	2	4
Females	4	12	5	2	1	3
(3) Weekly Household Income						
Under $100	9	6	9	1	2	4
$100 – $149	5	6	4	3	1	2
$150 – $199	8	18	6	4	1	4
$200 and over	5	16	6	3	2	4
(4) Ethnicity						
White	7	14	6	3	2	4
Negro	2	3	7	1	(0.4)	2
Puerto Rican	11	12	5	4	3	5

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	5%	3%	3%	4%
Negro	3	0	3	2
Puerto Rican	5	**	**	5

PART C: BY RELIGION AND EDUCATION (Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	3%	Protestant	3%	Other	4%
Completed High School	4	Catholic	3	No Preference	9
Some College or More	5	Jewish	3		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

TABLE 16 (continued)

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED BARBITURATES (SLEEPING PILLS) IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY
(Total Population Age 13 or Older)

(1) Metropolitan Areas of N.Y.S.		(2) New York City Boroughs	
New York City	4%	Manhattan	5%
Suburban New York City	3	Bronx	3
Syracuse-Utica-Rome	2	Brooklyn	4
Albany-Schenectady-Troy	4	Queens	4
Buffalo	3	Staten Island	7
Rochester	(0.2)		
Other Metropolitan Areas	6		
Nonmetropolitan Areas of N.Y.S.	3		

Knowledge of barbiturate users was reported half as often by Negroes as by whites, but more by Puerto Ricans than by whites. There was no clear relationship of these reports to income, since the poorest group — those under $100 in weekly household income — reported it as much as those with over $150 income, and the lowest rate was among persons from households with weekly income between $100 and $149. The low income group may reflect the Puerto Rican users. Concentration of knowledge of users in the teenage population was most characteristic of the higher income group. It should be stressed, however, that with this infrequent a phenomenon detailed findings by both age and income are especially subject to influence by chance sampling fluctuations. Persons in all major religions had the same rates of reporting knowledge of barbiturate users.

Glue Sniffing

The inhalation of fumes from glue containing toluene and related solvents is a means of experiencing intoxication that has been reported primarily among adolescent and pre-adolescent boys, who procure the glue with model airplane building kits. As a result of the heavy juvenile demand for it, much of which probably is for the use of the glue as an intoxicant, tubes of "model building glue" are also widely sold apart from the model kits.

Four per cent of the New York State population aged 13 or over reported knowing someone who sniffed glue. This percentage was only slightly higher in New York City than elsewhere — five per cent; it was also five per cent in upstate metropolitan areas.

TABLE 17

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO SNIFFED GLUE IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP 13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	15%	17%	6%	3%	2%	4%
New York City	18	17	6	3	2	5
Upstate Metropolitan	17	26	6	3	2	5
New York City Suburbs*	11	8	4	4	1	3
Nonmetropolitan	8	9	6	1	3	4
(2) Sex						
Males	15	20	7	3	2	5
Females	14	13	5	3	1	4
(3) Weekly Household Income						
Under $100	22	15	8	4	2	5
$100 – $149	11	18	5	3	1	4
$150 – $199	14	17	6	3	1	5
$200 and over	14	16	5	2	3	5
(4) Ethnicity						
White	14	16	6	2	2	4
Negro	11	20	8	4	1	5
Puerto Rican	18	12	5	6	2	6

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro and Nonmetro)	Total New York State
White	5%	4%	5%	4%
Negro	5	0	7	5
Puerto Rican	6	**	**	6

PART C: BY RELIGION AND EDUCATION (Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	4%	Protestant	4%	Other	5%
Completed High School	4	Catholic	5	No Preference	6
Some College or more	6	Jewish	4		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

TABLE 17 (continued)

PER-CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO SNIFFED GLUE IN THE PAST YEAR

PART D: BY AREAS WITHIN NEW YORK STATE AND WITHIN NEW YORK CITY (Total Population Age 13 or Older)

(1) Metropolitan Areas of N.Y.S.		(2) New York City Boroughs	
New York City	5%	Manhattan	4%
Suburban New York City	3	Bronx	4
Syracuse-Utica-Rome	2	Brooklyn	6
Albany-Schenectady-Troy	5	Queens	5
Buffalo	7	Staten Island	2
Rochester	6		
Other Metropolitan Areas	7		
Nonmetropolitan Areas of N.Y.S.	4		

While the 17-19 year old group in the state as a whole exceed all other ages in the rate at which they reported knowing a glue sniffer, a distinctive feature of this substance abuse is its frequency among still younger persons. The 13-16 year olds knew glue sniffers more frequently than the 17-19 year olds or any other age group in New York City and in suburbs and upstate metropolitan areas, as well as among females, among Puerto Ricans and in the poorest families.

The distribution of knowledge of glue sniffing was not only impressively uniform in major regions of the state, but also within New York City. It is clearly a very widely dispersed type of juvenile deviant conduct.

The ratio of the percentage of 17 through 19 year olds knowing glue sniffers to the percentage among those of age 50 or over, was 12 to 1. This is not quite as high as this ratio for some other drugs, such as amphetamines and methedrine. The lower ratio probably occurs because glue sniffing is done more by young adolescents around the home where it becomes known to parents, whereas the amphetamines and methedrine are used by older teenagers and youths in their twenties who are more often away from home. Respondents of all ages described the glue sniffers they knew as predominantly male teenagers.

Cocaine

Knowledge of users of cocaine was reported by only two per cent of New York State residents aged 13 or over. This is too low a rate to warrant highly detailed analysis of subgroups from our sample of 6,105. Nevertheless, some major differentiations are indicated in Table 18.

Knowledge of users of this drug varies ethnically much more

TABLE 18

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED COCAINE IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	3%	8%	3%	1%	(0.4%)	2%
New York City	6	14	6	2	1	3
	13-19		20-39			
New York City Suburbs*	1%		1%		0	(0.5)
Upstate Metropolitan	4		1		—	1
Nonmetropolitan	1		0		—	(0.2)
(2) Sex						
Males	4	10	5	1	(0.4)	2
Females	2	5	2	1	(0.4)	1
(3) Weekly Household Income	13-19		20-39			
Under $100	8%		5%		1	3
$100 – $149	5		2		(0.2)	1
$150 – $199	3		2		1	1
$200 and over	5		2		—	1
(4) Ethnicity						
White	2	6	2	(0.4)	(0.2)	1
Negro	10	21	10	4	1	5
Puerto Rican	10	25	4	3	2	4

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	2%	(0.5%)	(0.6%)	1%
Negro	6	0	2	5
Puerto Rican	5	**	**	4

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

than knowledge of users of any other drug we investigated. For the state as a whole the Negro rate was five per cent, the Puerto Rican rate four per cent and the white rate only one per cent. Within New York City differences were not as extreme, but were in the same direction. Most knowledge of users was concentrated in the city.

It is frequently reported that cocaine is used in conjunction with heroin by addicts in minority group areas, as its stimulant effect is said to increase the "high" sensations that are more irregularly experienced with heroin, which has basically depressant effects. Amphetamines are also used with heroin for this "high" effect, but they are more common in less deprived segments of the population. Indeed, reports on knowing cocaine users were made by about three per cent of persons in households with under $100 weekly income, but by only one per cent for all income categories above this.

As with the other drugs studied, knowledge of cocaine users was most often reported by persons aged 17-19. Among Negroes it was reported by 21 per cent and among Puerto Ricans by 25 per cent of the people in the 17-19 age range. In every subgroup of the population for which this fine an age analysis was attempted rates in the 17-19 year old group were over twice the rates of adjacent age categories. For the state population as a whole, rates for the 17-19 year old group were exactly 13 and 1/2 times rates for those of age 50 or older.

Morphine

Morphine is the opiate derivative developed for medical use early in the 19th century, which became the major resource of physicians thereafter for relief of extreme physical pain. Prior to World War II morphine was reported as the drug most commonly used by narcotic addicts in the United States. This is because their addiction developed from initial use under medical advice, or because they were physicians, nurses or pharmacists who became addicted while trying it themselves. Most pre-war addicts obtained morphine by forged or medically unwarranted prescriptions, by theft from physicians, or by other criminal diversion from legitimate pharmaceutical distribution channels. For nearly thirty years, however, heroin has replaced morphine as the primary opiate among known drug addicts not in the medical or medical related professions.

In the New York State population aged 13 or over, only one per cent reported knowing anyone who used morphine in the preceding year. This is so low that detailed analysis probably is not merited. However, some highlights are provided by Table 19. This shows that reports on knowing morphine users were concentrated in New York City, and as with other drugs, these reports

TABLE 19

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED MORPHINE IN THE PAST YEAR

FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(A) Area						
Total New York State	2%	4%	1%	1%	(0.2%)	1%
New York City	3	7	3	1	(0.5)	2
	13-19		20-39			
New York City Suburbs*	2%		(0.1%)		0	(0.3)
Upstate Metropolitan	1		(0.5)		(0.1)	(0.3)
Nonmetropolitan	1		0		–	(0.1)
(B) Sex						
Males	3		1		(0.2)	1
Females	2		1		(0.2)	1
(C) Weekly Household Income						
Under $100	3		3		(0.4)	1
$100 – $149	2		1		–	1
$150 – $199	2		1		–	1
$200 and over	3		(0.5)		(0.4)	1
(D) Ethnicity						
White	2		1		(0.2)	1
Negro	6		2		(0.3)	2
Puerto Rican	2		3		2	2

*Westchester, Rockland, Nassau and Suffolk Counties

came most frequently from persons 17 to 19 years of age. There was no difference in frequency of reporting by income, but reports from whites were only about half as frequent as reports by Negroes or Puerto Ricans.

Hashish

Hashish comes from the same plant as marijuana, and the terms are sometimes used interchangeably. Indeed, among English-speaking persons outside of the United States and Canada, "hashish" is often used to refer collectively to all derivatives of the so-called "Indian Hemp" plant — Cannabis sativa. In the predominant American usage, however, "hashish" refers to the dried and compressed pure resin or resins and flower buds of the plant, while "marijuana" refers to the dried leaves or a mixture of leaves, stems and flower buds. In the last few years the active ingredient

TABLE 20

PER CENT OF NEW YORK STATE POPULATION PERSONALLY KNOWING SOMEONE WHO USED HASHISH IN THE PAST YEAR

PART A: FOR AGE GROUPS, BY AREA, SEX, INCOME, ETHNICITY

Area or Characteristic	AGE GROUP					
	13-16	17-19	20-29	30-39	40 or Older	All Ages
(1) Area						
Total New York State	5%	12%	7%	2%	1%	3%
New York City	8	20	10	2	1	5
	13-19		20-39			
New York City Suburbs*	7%		4%		1	3
Upstate Metropolitan	3		2		(0.1)	1
Nonmetropolitan	1		(0.4)		1	1
(2) Sex						
Males	9		6		(0.8)	4
Females	6		3		(0.8)	2
(3) Weekly Household Income						
Under $100	12		6		1	3
$100 – $149	3		4		–	2
$150 – $199	7		4		(0.4)	3
$200 and over	9		5		2	4
(4) Ethnicity						
White	8		4		1	3
Negro	5		5		2	4
Puerto Rican	5		2		–	2

PART B: FOR AREAS, BY ETHNICITY

Ethnicity	New York City	New York City Suburbs (in NYS)*	Upstate (Metro & Nonmetro)	Total New York State
White	5%	3%	1%	3%
Negro	4	0	2	4
Puerto Rican	2	**	**	2

PART C: BY RELIGION AND EDUCATION (Total N.Y.S. Population 13 Years of Age or Older)

Education		Religion			
Some High School or Less	2%	Protestant	2%	Other	6%
Completed High School	2	Catholic	2	No Preference	10
Some College or More	5	Jewish	5		

PART D: BY NEW YORK CITY BOROUGHS

Manhattan	8%	Brooklyn	3%	Staten Island	3%
Bronx	3	Queens	5		

*Westchester, Rockland, Nassau and Suffolk Counties.

**Too few Puerto Ricans were encountered outside New York City for these percentages to be reliable.

of both hashish and cannabis, tetrahydrocannabinol, has been isolated. It is known as "THC" or as "synthetic hashish," and there are rumors of its illegal manufacturing and distribution as "synthetic hashish" in "hippie" circles. There are also reports of North African hashish being smuggled into Negro ghettoes in conjunction with the increased contact of the black population with African cultures.

In the discussions on drug problems organized by Audits and Surveys as a preliminary to formulating our questionnaire, hashish was distinguished from marijuana by those who mentioned hashish, so the survey made separate inquiries on each. Nevertheless, we cannot be certain that all survey respondents who reported knowing a hashish user were not referring to someone's use of what they also called marijuana.

Three per cent of the New York State population aged 13 or over reported knowing someone who had used hashish in the past year. It was five per cent in New York City, three per cent in New York City suburbs and only one per cent upstate. It was most often reported by Negroes for the state as a whole, but somewhat more often reported by whites in New York City, and least often reported by Puerto Ricans. Within New York City it was most often reported in Manhattan.

As with other drugs, knowledge of hashish users was most often reported by those 17 through 19 years of age, and was more frequent among males than among females. It was also over twice as frequent among those with some college education as among those with high school or less, and it was over twice as frequent among Jews as among Catholics or Protestants.

DMT (Dimethyltryptamine)

In the Audits and Surveys neighborhood discussions on drug problems preliminary to formulation of our questionnaire, when people were asked what illegal drugs were used in the neighborhood, a few mentioned DMT. This is one of several synthetic hallucinogens adopted by drug abusers following the spread of LSD among them.

Only 0.7 per cent of the New York State population aged 13 or over reported knowing anyone who used DMT in the past year. In none of our tabulations for a separate area of the state or classification of the population by sex, income, ethnicity, education or major religion was this percentage as high as 1.49 per cent (which we usually would round to 1 per cent). However, in the age group 17 through 19 knowledge of a DMT user was reported by 3.1 per cent and in the age group 20 through 29 this was reported by 2.1 per cent. All other age group categories had appreciably less than one per cent reporting knowledge of DMT users.

Summary

1. Finding the proportion of various segments of the state population who know someone who used an illegal drug in the past year permits us to estimate the relative prevalence of illegal drug use in different segments of the population with a precision and objectivity never attained before, even though it does not give us an exact count of drug users.

2. In the population of New York State 13 years of age or older, 16 per cent know someone who used marijuana in the past year, six per cent know someone who used LSD, six per cent know an amphetamine user, five per cent a heroin user, five per cent a glue sniffer, four per cent a methedrine user, and four per cent a barbiturate user.

3. For every drug, those who were 17 to 19 years old knew more users than any other age group. The per cent of 17 to 19 year olds in the state who knew users was: 50 per cent for marijuana; 23 per cent for amphetamines; 21 per cent for LSD; 17 per cent each for heroin, methedrine and glue; 13 per cent for barbiturates. These rates were somewhat higher for 17-19 year old males, considered separately. The ratio of per cent knowing users among persons 17 to 19 years old to percent knowing users among persons 50 years old or older was 22 to 1 for methedrine, 19 to 1 for other amphetamines, 13 to 1 for LSD and for barbiturates, 12 to 1 for glue sniffing (where young users apparently were known by parents), 11 to 1 for marijuana and 7 to 1 for heroin. Age differences in rates of knowing users of all drugs were much greater than differences by area of the state, sex, income, ethnic group or other variables.

4. Although New York City had more persons knowing drug users than any other part of the state, the difference between the city and its suburbs was negligible for marijuana and was rather small for amphetamines and barbiturates. They were greatest for heroin (among all the most frequently mentioned drugs). Differences between the New York City Metropolitan Area and Upstate New York were approximately like those between the city and its suburbs, except that knowledge of glue sniffing was reported as much in upstate metropolitan areas as in New York City. Marijuana apparently was the most widely diffused of abuse substances.

5. Differences between ethnic groups in rates of knowing users were negligible for marijuana, LSD, methedrine and glue; reports of knowing amphetamine and barbiturate users were distinctly more frequent among non-Puerto Rican whites than among Negroes or Puerto Ricans; rates of knowing heroin users were over 2-1/2 times as frequent for Negroes and for Puerto Ricans as for non-Puerto Rican whites.

6. Knowledge of marijuana users distinctly increased with income, from a low of 12 per cent among persons in households with less than $100 weekly income to a high of 19 per cent among persons in households with $200 or more weekly income. Knowledge of LSD, amphetamine and methedrine users also increased somewhat with income, but knowledge of heroin, glue and barbiturate users was about the same for all household income levels in the state.

7. Knowledge of marijuana, LSD, amphetamine, methedrine and glue users was much more frequent among those with some college education than among those with high school or less. This difference was small for barbiturates and heroin.

Part 3. The Public's Knowledge of the Effects of Various Drugs

The subjects of this Benchmark Survey were asked what they thought were the effects of four drugs — marijuana, heroin, LSD and amphetamines. The most striking finding was the number of people who said that they did not know: 50 per cent for heroin, 48 per cent for amphetamines, 42 per cent for LSD and 36 per cent for marijuana. The effects that they did report were extremely diverse and often hard to classify, but the categories into which they have finally been divided are shown in Table 21.

Marijuana

It is evident from Table 21 that with knowing users there was a great decline in "don't know" responses, and an increase in reports on both favorable and unfavorable effects of this drug. However, with knowing users the increase in effects reported was greater for favorable than for unfavorable effects. Thus those who knew marijuana users reported favorable effects for marijuana twice as often, and unfavorable effects only one-third more often, than those who did not know any users. If we ignore the persons giving "don't know" responses, we get the tabulations on the bottom two lines of Table 21, which show more clearly the relationship of knowing users to a relatively more favorable view of marijuana effects. Even those who know users, however, still report almost as many unfavorable as favorable effects, while those who do not know users report many more unfavorable than favorable effects.

Another tabulation showed that claims to knowing marijuana effects also increased with income, but this increase was proportionately greater for favorable than for unfavorable effects. Knowledge of users and income were the two variables — of the many investigated — which had the clearest patterns of relationship to differences in reports on the effects of marijuana. The

TABLE 21

PUBLIC PERCEPTIONS OF THE EFFECTS OF MARIJUANA, HEROIN, LSD AND AMPHETAMINES, BY KNOWLEDGE OF USERS:

(Percentages, for All New York State Residents Aged 13 or Over Add to Over 100 Per Cent as Multiple Answers Were Possible)

Description of Effect	Marijuana			Heroin			LSD			Amphetamines		
	Know User	Don't Know User	Total	Know User	Don't Know User	Total	Know User	Don't Know User	Total	Know User	Don't Know User	Total
Unfavorable Categories												
Short-term Subjective												
Distorts Senses	13%	7%	8%	9%	4%	5%	50%	30%	34%	2%	1%	1%
Drowsiness, Lethargy or Unconsciousness	14	9	10	15	8	9	2	2	2	3	1	2
Nervousness	1	(0.4)	1	1	(0.4)	1	(0.1)	(0.2)	(0.1)	3	2	2
Loss of Control	13	9	10	7	5	5	8	6	7	5	3	3
Depression	2	1	1	3	1	2	2	1	1	2	2	2
Other Unfavorable												
Addictive	8	8	8	20	12	14	2	2	2	4	3	3
Physical Damage	4	4	4	11	9	9	6	5	4	5	3	4
Genetic Damage	(0.3)	(0.3)	(0.3)	(0.3)	(0.1)	(0.2)	6	3	9	(0.2)	(0.2)	(0.2)
Mental Damage	3	4	4	4	4	4	11	9	9	1	1	1
Inhibits Morality	2	3	2	4	3	4	1	1	1	(0.1)	(0.4)	(0.3)
Generally Unfavorable	1	3	2	5	5	5	5	4	4	1	1	1
Total Unfavorable	**61%**	**48%**	**51%**	**79%**	**51%**	**58%**	**93%**	**63%**	**69%**	**26%**	**18%**	**20%**
Favorable Categories												
Stimulation	2%	2%	2%	1%	1%	1%	1%	1%	1%	44%	30%	33%
Happy Feeling	20	10	12	6	5	5	3	2	3	8	5	6
Effects Like Alcohol	10	5	6	2	1	2	(0.4)	(0.4)	(0.4)	1	1	1
"High"	20	10	12	6	4	4	3	2	3	8	3	4
Generally Favorable	9	3	4	(0.2)	(0.1)	(0.1)	(0.5)	(0.5)	(0.5)	1	1	1
Total Favorable	**61%**	**30%**	**37%**	**15%**	**11%**	**12%**	**8%**	**6%**	**8%**	**62%**	**40%**	**45%**
Don't Know	14%	42%	36%	33%	54%	50%	24%	47%	42%	29%	53%	47%
Separate Effects Mentioned As Per Cent of Respondents Not Saying "Don't Know"												
Unfavorable Effects	70%	84%	81%	119%	113%	114%	123%	117%	120%	38%	39%	39%
Favorable Effects	72	51	57	23	25	25	12	14	12	89	83	85

percentage of "don't know" responses increased with age, but there was not a clear shift in the percentage of favorable and unfavorable effects reported.

The specific effects ascribed to marijuana more often by persons knowing users than by other persons were "effects like those of alcohol," "happy feelings," and "getting high." Those knowing users and, less clearly, those with higher income, also were more prone than those not knowing users or of lower income, to report distortion of senses, drowsiness or loss of control as effects of marijuana. These are all matters of more correct reporting of well-established, short-term subjective consequences of using this mild hallucinogen. They were not accompanied by any clear change in the extent of support for allegations that this drug has long-run psychological or physical consequences, such as addiction or physical damage, about which authorities disagree. Such a finding of correlation only between knowing users of a drug and knowing its short-term subjective effects accurately suggests the validity of the assumption in this survey that there is a correlation between rates of knowing users of a drug and rates of actually using it (hence experiencing its subjective effects).

In addition to this open question on what they thought were the effects of marijuana, the subjects were asked specifically if marijuana can be used without causing addiction. To this 45 per cent said "yes," 28 per cent said "no" and 27 per cent said they did not know. However, 67 per cent of those who reported knowing a user gave this affirmative response, as compared with only 34 per cent of those not knowing a user. Negative responses were 16 per cent and "don't know" 17 per cent among those knowing, but they were 34 and 33 per cent, respectively, among those who did not know users. However, all groups were less frequently affirmative when asked specifically if marijuana can be used without the user suffering permanent damage. From the total sample, this received responses of 34 per cent "yes," 32 per cent "no" and 33 per cent "don't know." However, among those knowing users, 52 per cent said "yes," 26 per cent "no" and 22 per cent "don't know," as compared with 25, 36 and 39 per cent, respectively, for those not knowing any user.

Apparently, those knowing users are somewhat more certain that marijuana does not cause addiction than they are about its not causing permanent damage. This may be partly because addiction effects can be observed in a brief time, while no time extension is long enough to create absolute certainty of no permanent damage. However, a major difficulty in interpreting responses on addiction is the ambiguous and inconsistent use of this term. "Addiction" is often employed by both specialists and laymen as synonymous with habituation. By this definition, one could certainly call marijuana addictive, as well as tobacco or alcohol, or even chewing gum. The more rigorous usage, of course, implies

physiological dependence, which occurs clearly with the opiates but not with marijuana, according to biological researchers in this field.

The remaining inquiries on the effects of marijuana were on the duration of its use, for most people, and whether users continue to use it exclusively, or go from it to using stronger substances. Almost two-thirds — 65 per cent — agreed with the assertion that most people who use marijuana go on to use something stronger, while only 17 per cent agreed that most marijuana users use it exclusively for years, and 18 per cent accepted the assertion that most people just use it briefly then give up using any drugs. "Don't know" responses were 25 per cent with respect to using something stronger, 33 per cent on using marijuana exclusively and 30 per cent on using it briefly then dropping all drugs. Those who were youthful and those who knew users were least frequent in responding that they "don't know" to all of the statements, but they were also most frequent in both agreement and disagreement. In short, the young were the most certain in their views.

The clearest pattern of findings in all our inquiries on public views of the effects of marijuana is the generation gap with respect to having definite opinions. The "don't know" responses on the three statements discussed in the preceding paragraph ranged from 32 to 42 per cent for those 40 and over, but only from 16 to 19 per cent for the 13 to 19 year olds. The lowest "don't know" proportion, for all groups, was on the statement that most people try marijuana for a while and then go on to something stronger: 74 per cent of the 13-19 year olds agreed with this.

The validity of the assertion that most marijuana users go on to using stronger substances certainly is questionable. Available evidence indicates that most who use heroin today previously used marijuana, but the reverse is not true: most people who use marijuana do not subsequently use heroin, except possibly in the few areas of most concentrated heroin usage, namely in parts of the slums of New York City.[4] Elsewhere in the city, state and country marijuana use is much more widespread than heroin use, according to our surveys and those of others. However, heroin is more of a police problem than marijuana because heroin use is more persistent once started and more associated with crime than marijuana use, for reasons to be discussed in the next section, on heroin. If many more people use marijuana than use heroin then most marijuana users must never go on to heroin, even though most heroin users previously used marijuana. Despite this, health educators and mass media stress the high association of heroin use with prior marijuana usage to imply that it means most marijuana users will later use heroin. Therefore, we can infer that the young people in our survey, who predominantly agreed that most marijuana users go on to something stronger, are highly exposed and

[4] See the summary of available data in: Daniel Glaser, James A. Inciardi and Dean V. Babst, "Later Heroin Use By Marijuana-Using, Heroin-Using and Non-Drug-Using Adolescent Offenders in New York City," *International Journal of the Addictions*, Vol. 4, No. 2 (June 1969), pp. 145-155.

attentive to health education and mass communications. While this may account for their having the most definite opinions, if the content of their education is not clearly valid, their resulting opinions will also not be completely valid.

Heroin

As indicated earlier, when asked the effects of heroin half the people said they did not know. Table 21 indicates what the remainder said. Whereas on marijuana those who knew users were different from those who did not know them by their greater reporting of favorable effects, and by only the reporting of short-term unfavorable effects, those who knew heroin users differed most from those not knowing them in reporting unfavorable effects, especially addiction. Drowsiness — the familiar addict's "nod" — was the effect cited second in frequency to addiction by those knowing users. All these differences, of course, indicate that accurate impressions of effects are gained by acquaintance with the abusers of these two quite different types of drug.

There was also considerable increase with income in knowledge of the addictive effects of heroin. This probably reflects greater increase with education; only nine per cent of those whose education terminated before high school graduation mentioned addiction as an effect of heroin compared with 13 per cent of high school graduates and 22 per cent of those with some college.

The ambiguity of the concept "addiction," even among the educated, was mentioned in discussing our inquiries on the effects of marijuana, but this ambiguity is minimal when the term is applied to heroin usage. The most educated mentioned physical damage as well as addiction somewhat more often than the less educated. Age affected impressions of heroin effects less than income or education did, and the age effects were irregular. Those under 17 and over 49 years of age reported addictive effects much less than those 17 to 50, and they also gave "don't know" responses more often than the others. Sixty-five per cent of the Puerto Ricans gave "don't know" responses.

Seventy per cent of the New York State population expressed agreement with the statement: "Almost everyone hooked on heroin started on something less strong." Not quite seven per cent disagreed, and the remaining nearly 24 per cent said they did not know. There was remarkably little difference on this by age and income groups, although the "don't know" percentage was somewhat more frequent from the oldest respondents. Among those who said they knew heroin users, 78 per cent agreed with the statement as against 68 per cent among those not knowing users. This parallels but exceeds the 65 per cent agreement already reported for the assertion that most marijuana users go on to something stronger. As discussed in the section on marijuana, available evidence indicates it is true that most heroin users today previ-

ously used marijuana, but it is generally not also true that most of the more numerous marijuana users go on to using heroin, although this may be true in areas where heroin use is most concentrated.

LSD

Knowledge of the effects of LSD varied markedly with knowing users, as well as with income and education. As shown in Table 21, however, almost all of this variance involved knowledge of only one effect, distortion of senses. This is the most distinctive consequence of LSD, and those who knew users or were educated were most often aware of it. Again age was less closely related than these other variables to views of this drug's effects, but the 17-19 year olds least often (29%) gave a "don't know" response and most often (47%) reported distortion of senses. They also had by far the highest ratio of unfavorable to favorable reports, 19 to 1; no other category of respondent we tabulated came at all close to this, although Table 6 shows several categories with ratios of over 11 to 1.

The overall ratio of over 8 times as many reports of unfavorable as favorable effects gave LSD by far the least favorable public image of any of the four types of drugs on which effect questions were asked. (The others were marijuana, heroin and amphetamines). This is consistent with the predominance of informed opinion relative to LSD, amphetamines and marijuana. However, heroin generally is considered more dangerous, since it is more addictive and more frequently fatal in ordinary usage, although less dramatic in short-term subjective effects. Comparisons of drugs in terms of any single standard are difficult because each has different effects that are hard to compare by one adjective. Long-term effects still are unknown for the relatively new LSD drug, first extensively used in the 1960's. It once and the natural hallucinogens, such as mescaline, had a strong cult of highly respected advocates, including author Aldous Huxley and Harvard psychologist Timothy Leary, but these seem to be diminishing in number and influence.

Amphetamines (Pep Pills)

Over two-thirds of the effect reports on amphetamines were, appropriately, on their stimulation. As with the other drugs, but less markedly so, knowledge of this effect increased with knowing users and with income. Again age was less closely related than these other variables to knowledge of effects, but the least knowledgeable age groups were those under 17 and over 49. Over 78 per cent of the Puerto Ricans gave a "don't know" response on the effects of these drugs.

As Table 21 indicates, about half the people did not know the effects of amphetamines, but most of those who did report an effect were correct in mentioning stimulation. Of course, our calling them "pep pills" as well as "amphetamines" may have cued many on this. Knowledge of effects was associated with knowing users, with income and with education. It had little relationship to age and such relationship as it had was curvilinear; those 17-19 were most informed while those under 17 and over 49 were least informed.

There was little mention of any unfavorably effects, but the most mentioned unfavorable effect was physical damage. This certainly is correct with respect to excessive use of these substances.

SUMMARY

The survey subjects were asked for their views on the effects of marijuana, heroin, LSD and amphetamines. Those who knew users were distinctly better informed about the effects of these drugs than those who did not, especially in knowledge of the immediate subjective effects. Knowledge of effects also increased with income and with education. Those who knew users were more favorable in their views of effects of marijuana and of amphetamines than those who did not know users. However, knowers of users were more unfavorable than those who did not know users in their views on the effects of heroin and of LSD.

Part 4. Public Awareness and Attitudes on Treatment of Addiction in New York State.

How much do the people of New York State know about what is being done in prevention and treatment of drug abuse in their state? What do they think about the adequacy of that which they believe is being done? What would they do to help a drug user they knew personally? Where would they locate treatment facilities? How do their views vary according to their area of residence, age, or social and economic class level? Some answers to these questions on the state of the public mind in the autumn of 1968 were provided by the Benchmark Survey.

What Agencies Combat the Drug Program and What They Should Do

Fifty-nine per cent of the respondents did not know what agencies were trying to solve the drug problem. When everyone was asked specifically if they had heard of the State's Narcotic Addiction Control Commission, only 50 per cent replied affirmatively. Furthermore, 37 per cent simply did not know what immediate help the state should give addicts, and of those who mentioned some type of help, 67 per cent had no idea how the state

should go about giving this help. Of the 41 per cent who knew of specific agencies handling the drug problem, upstate residents mentioned law enforcement agencies most frequently, whereas New York City residents most often cited local private treatment agencies. Upstate residents believe the problem is being handled largely by the provision of educational programs and publicity, while New York City residents see treatment and care as the major activity.

Inquiry as to what more these agencies should be doing reveals similar attitudes in all areas of the state, with primary emphasis upon improving and enforcing the law, and upon more treatment and research. Of those who do have opinions about how the state should help the addicted, "more medical facilities" is most often stressed, followed by "enforced treatment." A belief in the need for more medical facilities is directly related to higher income and higher education, and these traits are inversely related to support for enforced treatment. Recommending "more publicity and education" is also associated with high income and high education, but especially with middle age and residence outside New York City.

Although ignorance of addiction services is widespread, a generally negative attitude toward drug use is revealed. In response to "What would be most helpful for people to know about drugs?", the majority of respondents (73%) cite "harmful effects and consequences," either in a general or in a specific physical, mental, or legal punishment sense. While this is the most common response in all areas, in the specific areas of Manhattan and the Bronx which have the highest concentration of known narcotics addicts (according to the New York City Health Department Narcotics Register and the Federal Bureau of Narcotics), the residents are least likely to feel that public knowledge of harmful consequences is important, and most likely to reply "don't know." It is also of interest that publicizing the effects or drug use is perceived as much more important than increasing public knowledge of causes or cures.

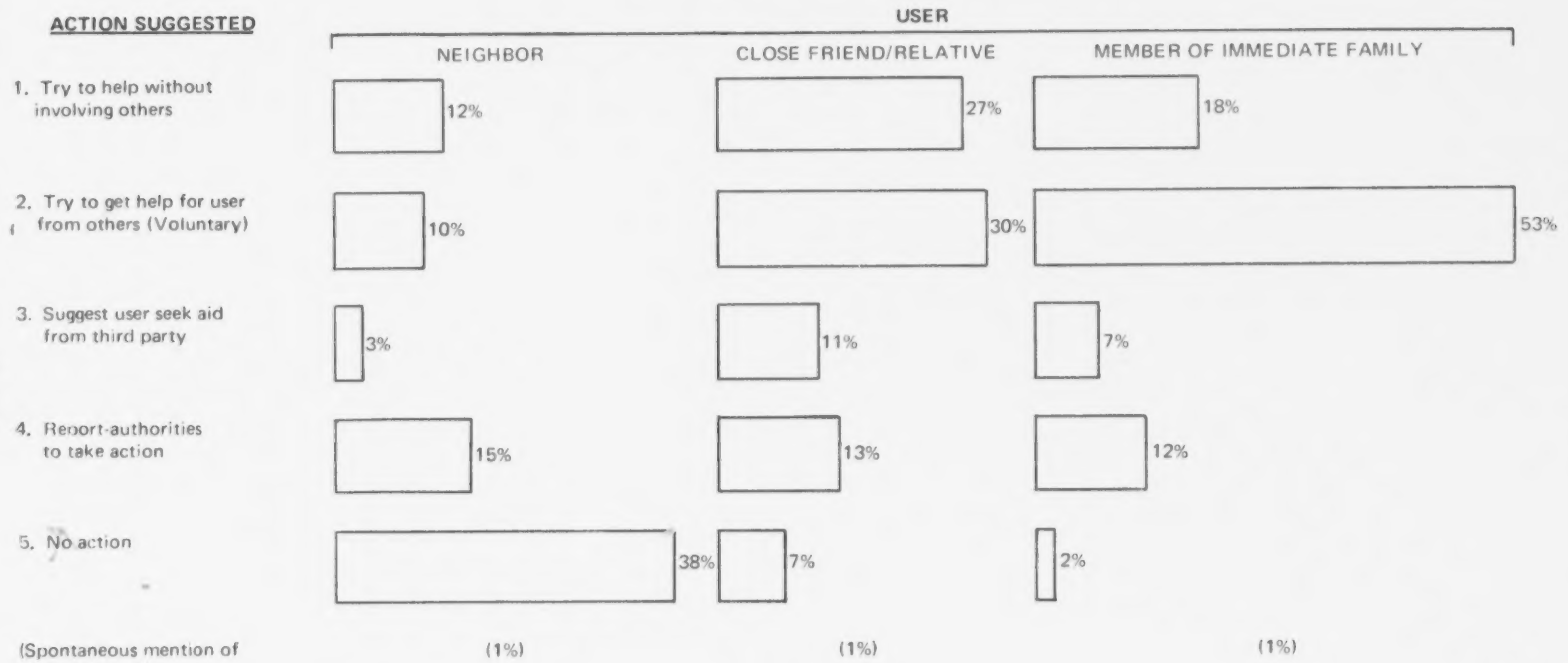
What Would You Do About a Drug User You Know Personally?

When asked what they would do about drug users they might know personally, the majority of respondents say that this would depend greatly on their relationship to the drug user. As shown in Figure 4, when the relationship is a fairly distant one, such as a neighbor, no action is the most common response (by 38%), and a punitive approach (report to the police) is next most frequent (by 15%), with 12 per cent offering help themselves, ten per cent trying to get help for him from others and 26 per cent simply saying that they "don't know." However, if a close friend or a relative were the drug user, a greater involvement is evident. Thus 30 per cent would try to get help from others, 27 per cent would

FIGURE 4

AID TO DRUG USERS — PROJECTED ACTIONS

ALL PERSONS



offer only their own help, 13 per cent would refer it to the authorities, only seven per cent would take no action, and 17 per cent "don't know." For a member of the immediate family, more than half the respondents would seek help from professional individuals or treatment agencies, only two per cent would take no action, and just 13 per cent insist they "don't know."

Although this general pattern approximately describes responses in all areas, there are some interesting variations. Residents of high drug use areas in New York City give the largest proportion of "don't know" answers to these questions on what they would do about another person's drug use, regardless of their degree of relationship to the projected user. These high drug use areas also contribute the most frequent "no action" and "depends" responses. Almost half the Puerto Ricans say "don't know" as to what they would do if a neighbor were a drug user as compared to one-third for Negroes and one-fourth for whites; when a member of the immediate family is the projected drug user, these "don't know" percentages drop to a quarter for Puerto Ricans, a fifth for Negroes and a tenth for whites. For non-whites the "don't know" response is greatest for the oldest and youngest respondents; for whites age makes little difference in the proportion insisting on a "don't know" response.

Greater willingness to involve professional help as well as greater recourse to police in dealing with a known drug user is indicated outside New York City than in it, for both metropolitan and nonmetropolitan areas outside New York City. Women are more likely than men to feel that they would procure outside help in all three types of relationship to the user, and they are somewhat more prone to seek professional specialists. Men are more likely to favor either trying to help the user themselves, without involving a third party, or reporting it to the police. In general, the young are the most inclined to take no action toward a drug user, or to try to help him without a third party. Even when outside help is sought, young respondents seem to prefer the nonprofessional over professional individuals or institutions.

Lack of knowledge is also demonstrated by the fact that only 14 per cent state that what they would do with regard to personally known drug users would depend upon the type of drug used. This is shown in Figure 5. The major differentiation for this minority group is between marijuana or amphetamines ("pep pills"), on the one hand, and heroin or LSD on the other. Use of heroin or LSD is clearly considered most serious and most demanding of action, either in the form of getting help from professionals or of reporting to police. There is also more consensus concerning action to be taken in the case of heroin users than for any other drug.

Less than one per cent mentioned the State Narcotic Addiction Control Commission when asked what they would do if a neighbor, friend or relative, or member of their immediate family were a drug user. When told specifically about the Commission,

however, 39 per cent said they would seek aid from the Commission for a neighbor, 59 per cent for a close friend or relative and 67 per cent for a member of the immediate family. There was a marked difference here by ethnicity, however, with Puerto Rican and Jewish respondents least willing to resort to the Commission for assistance. However, the low percentage for Puerto Ricans is due to the large proportion who say they "don't know" what they would do, while the low recourse to the Commission by Jews is due to their much more frequent interest in going to non-government professional agencies or specialists for help. The most educated, particularly those with some college, were also least willing to contact the Commission.

Where Should Treatment Facilities Be Located?

Attitudes expressed on the location of drug addiction centers and outpatient centers reveal further lack of clear consensus within the population. Approximately a quarter say that the location does not matter to them. This, in itself, is somewhat surprising in view of the violent opposition to the location of such facilities in many neighborhoods. Slightly less than half of all respondents indicate that the drug addiction center should be located "out" of the neighborhood where the drug problem exists, with the remaining almost evenly divided between its being "in" such a neighborhood and "does not matter." This is shown in Figure 6.

These attitudes toward location of treatment facilities vary widely within all types of residential areas; they are not consistent anywhere. However, persons who say they know drug users or recognize a drug problem in their own neighborhood are also most accepting of treatment facilities in their own neighborhood. As shown in Figures 7 and 8, the rate of rejection of facilities in the neighborhood increases with age, the youngest being least resistant to such location and the oldest most resistant. Negroes are most and Puerto Ricans least receptive to locating treatment facilities in the neighborhood where the problem exists.

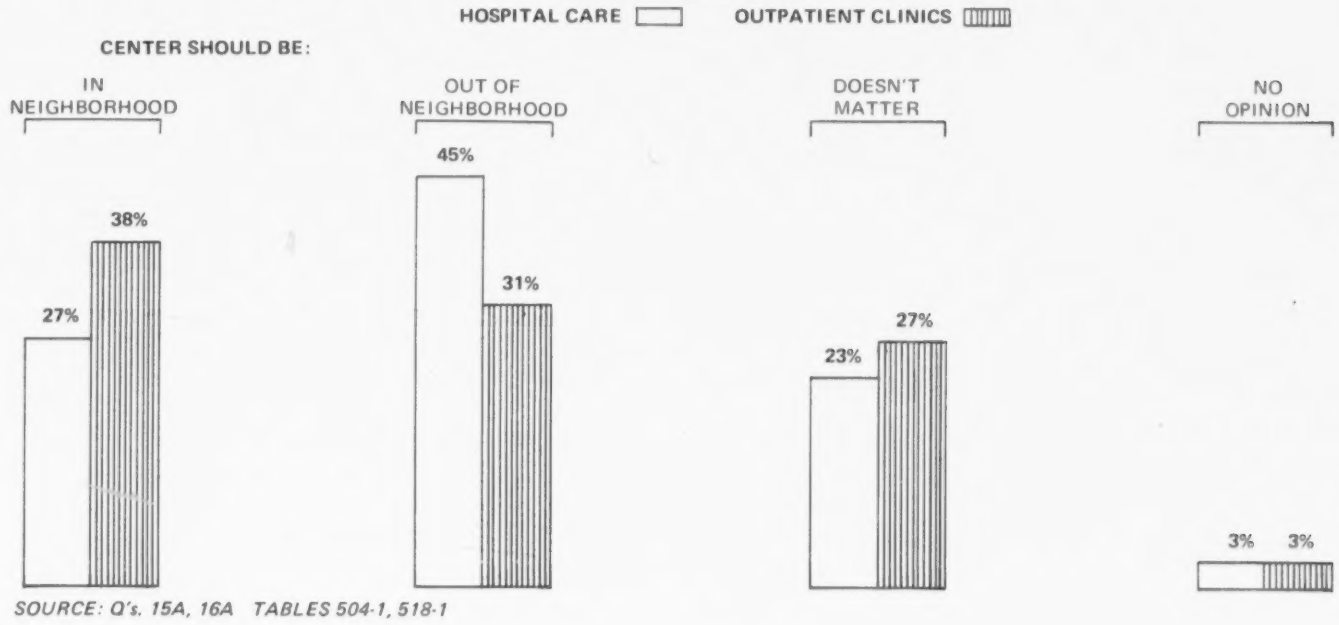
Examination of the reasons given for particular responses, together with characteristics of the respondents, points up once again the range of attitudes on this subject. For even behind the same response are extremely different reasons, associated with diverse respondent characteristics. For example, of those who favor an "out" of neighborhood location for drug addiction centers, the following are the primary reasons given:

1. "Privacy, avoids embarrassment" (most often cited by young white respondents living outside New York City, for whom drugs are not a neighborhood problem).
2. "Isolate patient from old environment" (most commonly given by young adult metropolitan residents who both know users and report that their neighborhood has a drug problem).
3. "Isolate from neighborhood, as they are a bad example"

FIGURE 6

DESIRED LOCATION FOR DRUG ADDICTION TREATMENT CENTERS
HOSPITAL CARE & OUTPATIENT CLINICS

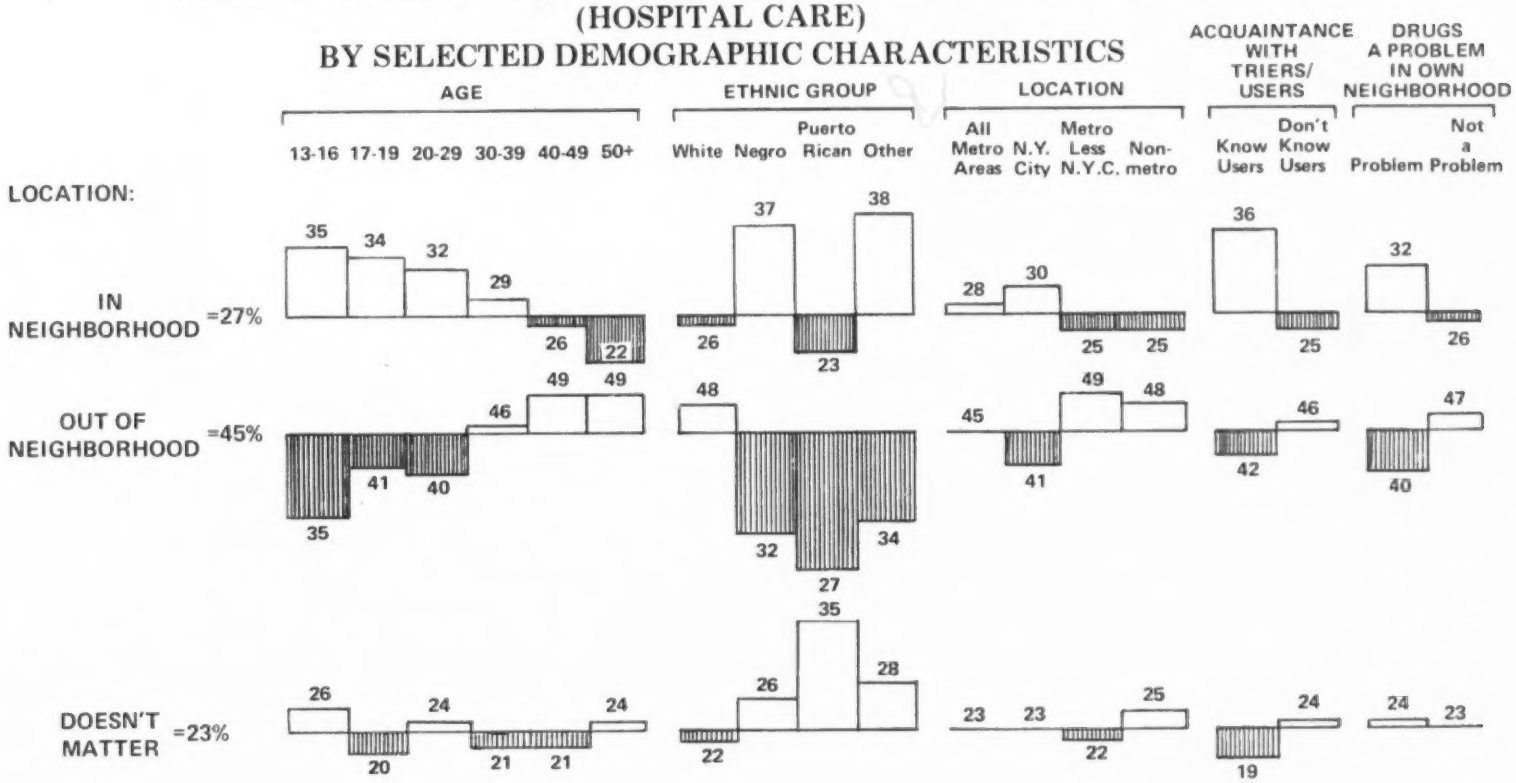
ALL PERSONS



SOURCE: Q's. 15A, 16A TABLES 504-1, 518-1

FIGURE 7

DESIRED LOCATION FOR DRUG ADDICTION TREATMENT CENTERS (HOSPITAL CARE) BY SELECTED DEMOGRAPHIC CHARACTERISTICS



(most common response by middle-aged New York City residents).

4. "Do not want addicts in neighborhood" (most highly associated with those New York City Negroes who recognize the neighborhood drug problem but do not know users).

This great variation of response and reasons for response may be a hopeful sign, for with the absence of rigid and solidified opinion within a community, attitudes may be more amenable to change through educational efforts.

In comparing responses by the interviewer's classification of the social status of the respondent's neighborhood, an interesting though puzzling finding emerges. Residents of "Wealthy Society" and "Slum" areas, representing the two extremes of the socio-economic continuum, are the most likely to favor location of drug addiction treatment centers "in" the neighborhood of the addict's origin, and the least likely to favor location "out" of his neighborhood. "Slum" residents are most likely to report that they have a neighborhood drug problem, but they also say, in effect, that addiction treatment centers should be in their own neighborhoods. The "Wealthy Society" residents least often report a neighborhood drug problem, but say, in effect, that the drug addiction centers should be located in the addict's own communities. This contrasts with the respondents from neighborhoods described as "Excellent White Collar," "Better White Collar," and "Predominantly White Collar," who most often favor location of the centers "out" of the neighborhood where the problem exists.

Summary and Interpretation

The most obvious conclusions from our data on public perceptions of drug addiction and its treatment are that widespread ignorance and a dearth of opinion exist, along with an amorphous but negative attitude toward drug use. The fact that this lack of knowledge and opinion is most apparent in areas of known high drug use can be an indication of more favorable attitudes toward drug use there than elsewhere. But another plausible interpretation is that this ostensible ignorance or indifference actually reflects the prevalence of a sense of powerlessness within communities beset with a multitude of problems and no adequate means to deal with them. One could also speculate that absence of awareness or of a clear-cut opinion on drug abuse in neighborhoods with less severe or no drug problems may represent a defensive denial of the possibility of the spread of drug use, or a feeling that "it's none of my business." Nevertheless, it becomes increasingly evident that what happens to one group of people in a society necessarily affects the quality of life of all others. Clearly, these conditions justify the Commission's action and education programs, to replace apathy with concern and hopelessness with anticipations of change.

APPENDIX A

SAMPLE DESIGN FOR BENCHMARK

New York State was divided into six areas, namely: New York SMSA, Lower Catskill, Adirondack, Upper Northern, Central and Western. Schedule A attached defines the geographic boundaries in each of the six areas.

Each of these six areas was treated as a separate universe with the number of interviews to be obtained in each area determined according to the reliability of the information needed. The number of interviews, the number of locations decided upon, and the number of completed interviews are listed on Schedule B.

Within each of the six areas, the number of locations were drawn on a probability basis, in proportion to the number of households in Census Tracts in metropolitan areas and Minor Civil Divisions in nonmetropolitan areas. In the metropolitan areas, Census Tracts were used to select locations which would yield segments with an average of 20 interviews; and in nonmetropolitan areas, Minor Civil Divisions were used to yield an average of 10 interviews per location.

The response rate by call was as follows:

	Total After 3rd Call	1st Call	2nd Call	3rd Call
Households contacted	7,606	7,606	2,868	1,115
No answer	306	2,349	954	306
Households refused	960	779	126	55
Respondent not available	29	519	161	29
Respondent refused	206	119	58	29
Completed interviews	6,105	3,840	1,569	696

NEW YORK STATE POPULATION ESTIMATES - 1968

As previously noted, survey results were weighted and projected to population totals.

To arrive at current estimate of New York State population to provide a basis for these projections within the various sex, age, ethnic and geographic breaks, the following procedure was followed:

Starting with the **Sales Management** estimates for total December 1967 population by counties . . . .

. . . proportions of males and females within each age and ethnic group were calculated according to the distribution of the 1960 census — county by county, except for . . .

. . . New York City population for which ethnic groups were distributed in proportion to the population estimates for 1970 provided by the City Planning Commission.

The weighting is based on the following geographical sampling:

	Sample Design		Number Of Completed Interviews
	# of Locations	# of Interviews	
I. New York SMSA	196	3920	4050
II. Lower Catskill	14	140	140
III. Adirondack	20	320	318
Albany-Schenectady-Troy SMSA	12	240	238
Outside SMSA	8	80	80
IV. Upper Northern Counties	18	180	167
V. Central Area	45	640	643
Binghamton SMSA	4	80	80
Syracuse SMSA	10	200	200
Utica-Rome SMSA	5	100	100
Outside SMSA	26	260	263
VI. Western Area	48	800	787
Rochester SMSA	10	200	194
Buffalo SMSA	22	440	432
Outside SMSA	16	160	161
Grand Total	341	6000	6105

MAP OF SAMPLING AREAS

STANDARD METROPOLITAN STATISTICAL AREAS

AUDITS & SURVEYS, INC.

The following table presents these estimates for age within sex and ethnic group.

1968 POPULATION ESTIMATES

(Thousands)

Total 13 Years & Older	**13,784**
Males	**6,556**
13-16	550
17-19	331
20-29	1,157
30-39	1,092
40-49	1,190
50+	2,236
Females	**7,228**
13-16	639
17-19	269
20-29	1,368
30-39	1,267
40-49	1,174
50+	2,511
Ethnic Group	
White	11,604
Negro	1,393
Puerto Rican	710
Other	77

PROJECTED BASES

(Thousands)

TOTAL	**13,784**
Sex	
Male	6,557
Females	7,227
Age	
13-16	1,190
17-19	600
20-29	2,525
30-39	2,359
40-49	2,364
50 & Over	4,747

PROJECTED BASES

(Thousands)
(Continued)

Socio-Economic Classification	
Some High School or Less	
Under $100	1,918
$100 – $149	1,653
$150 – $199	951
$200+	987
Completed High School	
Under $100	652
$100 – $149	1,095
$150 – $200	1,052
$200+	1,264
Some College or More	
Under $100	431
$100 – $149	558
$150 – $199	862
$200+	2,141
Ethnic Classification	
White	11,601
Negro	1,393
Puerto Rican	710
Other	77
Religious Preference	
Protestant	4,442
Catholic	6,650
Jewish	1,573
No Preference	469
Other	469
Location	
Metro Areas	11,924
New York City	6,074
Not New York City	5,850
Nonmetro	1,860
Acquaintance with Users or Triers	
Know Users or Triers	3,009
Don't Know Users or Triers	10,775
Drugs a Problem in Neighborhood	
Drugs a Problem	3,480
Drugs Not A Problem	10,304

APPENDIX B

COMMUNITY ENVIRONMENT STUDY

Interviewer's Name _____ Respondent's Name _____
Interviewer's Number _____ Respondent's Phone Number _____
Location Number ☐☐☐☐☐☐☐ Address _____
6 7 8 9 10 11 12 City _____ County _____

CALL RECORD

Call	Date	Time	RESULTS				
			No Answer	House-hold Refused	Selected Respondent Not Available	Selected Respondent Refused	Interview Completed
First							
Second							
Third							

A. Time at start of interview: _____ AM☐ PM☐

B. Interview conducted in: ENGLISH☐ SPANISH☐ 13-1 -2

T 001 085

1. Hello, I'm _____ of Audits & Surveys, a national marketing research company. We are conducting a survey on neighborhood conditions and would like to talk to someone living in this household. But first, please tell me:

a. How many adults 20 years of age and over are there living in this household at the present time? (DO NOT INCLUDE ANYONE IN THE ARMED FORCES, IN SCHOOL, OR OTHERS LIVING AWAY FROM HOME.) _____ 14-

b. Are there any teenagers (from 13-19 years old)? If so, how many? _____ 15-

c. How about children from 8-12? How many? _____

d. How many children are there under 8? Include any babies. _____ 16-

e. Now, could you tell me the names, ages and relationship to the head of the household of all the adults?

(IF APPLICABLE) The teenagers?

LIST ALL ADULTS BELOW – MALES FIRST, THEN FEMALES, THEN LIST ALL TEENAGERS – MALE FIRST. DO NOT LIST ANYONE UNDER 13.

f. FOR PERSONS 18 YEARS OF AGE AND OLDER, ASK: IS (NAME) now married, widowed, divorced, separated, or never married? (RECORD IN GRID)

Name	Age	Sex	Relation To Household Head	Selection Box	MARITAL STATUS		
					Now Married	Widowed Divorced Separated	Never Married
				1.			
				2.			
				3.			
				4.			
				5.			
				6.			
				7.			
					17–	18–	19– 20–

SELECT ELIGIBLE INDIVIDUAL IN HOUSEHOLD INDICATED ABOVE: IF NOT AVAILABLE ARRANGE FOR A CALLBACK.
21- 22- 23- 24-

DATE _____
TIME _____

COMMUNITY ENVIRONMENT STUDY

DATE _____ RESPONDENT'S NAME _____
INTERVIEWER NAME _____ ADDRESS _____
INTERVIEWER NUMBER _____ CITY _____ COUNTY _____
LOCATION NUMBER ☐☐☐☐☐☐☐ TELEPHONE NUMBER _____

(REPEAT INTRODUCTION, IF NECESSARY)

2. To start, let's talk about what this neighborhood is like.

Here is the way some people have described their own neighborhood and the people who live there. As I read each comment, please tell me whether, in your opinion, it "fits" or "doesn't fit" this neighborhood? (READ LIST AND CHECK ANSWER FOR EACH.)

	Fits	Doesn't Fit	DK
Both apartments and private homes	☐25-1	☐26-1	☐
Mostly private homes	☐ -2	☐ -2	☐
Crowded	☐ -3	☐ -3	☐
Noisy	☐ -4	☐ -4	☐
People are mostly young	☐ -5	☐ -5	☐
Many have large families	☐ -6	☐ -6	☐
All kinds of people/with high, middle and low incomes	☐ -7	☐ -7	☐
Most are well-educated	☐ -8	☐ -8	☐
Keep to themselves	☐ -9	☐ -9	☐

3a. In describing their neighborhoods, some people mention the following problems. Would you tell me whether you feel your neighborhood has or does not have these problems? (CHECK BELOW)

	Q. 3a. Community:		Q. 3b. Problem Is:			
Problem	Does Not Have	Has	Very Bad	Bad	Not Too Bad	Hardly A Problem
Poor Schools	☐	☐27-1	☐ -2	☐-3	☐ -4	☐-5
Unemployment	☐	☐28-1	☐ -2	☐-3	☐ -4	☐-5
Poor Police Protection	☐	☐29-1	☐ -2	☐-3	☐ -4	☐-5
Alcoholism	☐	☐30-1	☐ -2	☐-3	☐ -4	☐-5
Car Theft	☐	☐31-1	☐ -2	☐-3	☐ -4	☐-5
Vandalism	☐	☐32-1	☐ -2	☐-3	☐ -4	☐-5
Racial Tension	☐	☐33-1	☐ -2	☐-3	☐ -4	☐-5
Burglary	☐	☐34-1	☐ -2	☐-3	☐ -4	☐-5
*Drug Pushing	☐	☐35-1	☐ -2	☐-3	☐ -4	☐-5
Unsafe Streets	☐	☐36-1	☐ -2	☐-3	☐ -4	☐-5
*Drug Use	☐	☐37-1	☐ -2	☐-3	☐ -4	☐-5
Muggings and Beatings	☐	☐38-1	☐ -2	☐-3	☐ -4	☐-5
Other (SPECIFY)	☐	☐39-1	☐ -2	☐-3	☐ -4	☐-5

(FOR EACH PROBLEM ANSWERED "HAS," ASK:)

b. Do you feel that in your neighborhood, *(PROBLEM)* is very bad, bad, not too bad, or hardly a problem at all? (RECORD ABOVE)

c. What do you think is the main cause of these problems? _____

_____

_____ 40-

4a. When talking about the drug problem, some people use the word "drug," others say "dope" and still others use the word "narcotic." Is there any difference among these three?

Yes ☐ 41-1 No ☐ -2 } (SKIP TO Q.5a)
DK ☐ -3 }

IF "YES," ASK:

b. How do they differ? _____

_____

_____ 42-

_____ 43-

(IF DRUGS NOT A PROBLEM IN NEIGHBORHOOD, ASK Q's 5a-c ABOUT "OTHER NEIGHBORHOODS.")

5a. We've mentioned drugs but we haven't said anything about what kinds of drugs people use. What kinds of drugs are being used in this (other) neighborhood(s)? Any others? (DO NOT READ LIST.) (CHECK BELOW UNDER Q.5a – "UNAIDED MENTION.")

b. Have you ever heard of the following being used in your neighborhood (other neighborhoods)? (READ ALL NAMES **NOT** CHECKED IN Q.5a – CHECK ANSWER UNDER Q.5b – "AIDED.")

ASK FOR EACH "UNAIDED MENTION" OR "YES" UNDER AIDED:

c. Would you say the amount of (DRUG) used in your neighborhood (other neighborhoods) is very bad, bad, not too bad, or hardly a problem? (CHECK BELOW)

	Q.5a	Q.5b.		Q.5c. USE IS:			
	Unaided Mention	Aided Yes	Aided No	Very Bad	Bad	Not Too Bad	Hardly
Marijuana	☐44-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
LSD	☐45-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Speed (Methedrine)	☐46-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Heroin	☐47-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Cocaine	☐48-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Pep-Pills (Amphetamines)	☐49-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Glue (Glue Sniffing)	☐50-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Morphine	☐51-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Sleeping Pills (Barbiturates)	☐52-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
DMT	☐53-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Hashish	☐54-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6
Other (SPECIFY)	☐55-1	☐-2	☐	☐-3	☐-4	☐-5	☐-6

6a. What can you tell me about the effects (DRUG) has on people who use it? (ASK FOR ALL FOUR LISTED BELOW.)

Marijuana _____
_____ 56-
_____ 57-

Heroin _____
_____ 58-
_____ 59-

Pep-Pills _____
_____ 60-
_____ 61-

LSD _____
_____ 62-
_____ 63-

(SHOW CARD A)

b. Some people have said one thing and some people have said other things about the effects drugs have on those who use them. Which of these four drugs – Marijuana, Heroin, Pep-Pills, and LSD would you say is most likely to cause (EFFECT)? – which is NEXT MOST LIKELY? – which is LEAST LIKELY? (ASK FOR EACH EFFECT LISTED BELOW.) (RATE THREE DRUGS FOR EACH EFFECT BY CIRCLING LETTER OR NUMBER.)

5-2

	Marijuana			Heroin			Pep-Pills			LSD		
Effect	Mst	Nxt	Lst	Mst	Nxt	Lst	Mst	Nxt	Lst	Mst	Nxt	Lst
Drowsiness 6-	y	x	o	1	2	3	4	5	6	7	8	9
Excitement 7-	y	x	o	1	2	3	4	5	6	7	8	9
Happy feeling 8-	y	x	o	1	2	3	4	5	6	7	8	9
Accidents 9-	y	x	o	1	2	3	4	5	6	7	8	9
Loss of appetite ..10-	y	x	o	1	2	3	4	5	6	7	8	9
Loss of job 11-	y	x	o	1	2	3	4	5	6	7	8	9
Hallucinations ...12-	y	x	o	1	2	3	4	5	6	7	8	9
Talkativeness or rambling speech 13-	y	x	o	1	2	3	4	5	6	7	8	9
Failing marks in school 14-	y	x	o	1	2	3	4	5	6	7	8	9
Arrest 15-	y	x	o	1	2	3	4	5	6	7	8	9
Drug addiction ...16-	y	x	o*	1	2	3	4	5	6	7	8	9*
Permanent damage 17-	y	x	o**	1	2	3	4	5	6	7	8	9**

*c. You said that marijuana/LSD is *least* likely to cause drug addiction – can this drug be used without becoming addicted at all?

Yes ☐ 18-1 No ☐ -2 DK ☐ -3

**d. You said that marijuana/LSD is *least* likely to cause permanent damage – can this drug be used without any permanent damage at all?

Yes ☐ 19-1 No ☐ -2 DK ☐ -3

7a. Would you say that most people who use drugs . . .

take just one type all the time? ..... ☐ 20-1
first take one type and then another type later? ..... ☐ -2
mix more than one at a single time? ..... ☐ -3
DK ..... ☐ -4

(SKIP TO Q.7c)

b. Why do you think they do this? _____

_____

_____ 21-

c. Here are a few statements which many people have made about drug users. Would you tell me whether you agree or disagree with each of these?

	Agree	Disagree	DK
Most people who try marijuana try it a few times and then just give up using drugs.	☐ 22-1	☐ -2	☐ -3
Most people who take marijuana use it for years and never try anything else.	☐ -4	☐ -5	☐ -6
Most people who take marijuana use it for a while and then go on to something stronger.	☐ -7	☐ -8	☐ -9
Almost everyone who is "hooked" on heroin got that way by starting with something that wasn't strong.	☐ -0	☐ -x	☐ -y

8a. How do you think people who use drugs get them? (DO NOT READ LIST)

Buy or get from friends ..... ☐ 23-1
Buy from pushers ..... ☐ -2
Use a prescription ..... ☐ -3
Other (SPECIFY) _____
DK ..... ☐ -y

b. If someone wanted to get drugs, how do you think they could find some? (DO NOT READ LIST)

Just asking around the neighborhood ..... ☐ 24-1
Looking for pushers on the street ..... ☐ -2
Asking neighborhood storekeepers ..... ☐ -3
Asking near or in schools ..... ☐ -4
Some other way (SPECIFY) _____
DK ..... ☐ -y

c. Do you know if there are any people in this neighborhood who sell them?
Yes ☐ 25-1 No ☐ -2 DK ☐ -3

9a. Now, let's talk about efforts to solve the drug problem. What groups or agencies. The city or county? – The State – In the Federal Government? (RECORD BELOW)

26-
1. _____ 27-

FOR EACH GROUP, ASK Q.9b – Q.9e, ONE GROUP AT A TIME.

b. What is (GROUP/AGENCY) doing?

_____
_____
_____
_____ 28-
DK ☐ -y

c. What kind of drugs or drug use is (GROUP/AGENCY) doing something about?

_____
_____
_____ 29-
DK ☐ -y

d. Do you feel that (GROUP/AGENCY) can do more to solve the drug problem?

Yes ☐ 30-1
No ☐ -2 SKIP TO
DK ☐ -3 Q.10a)

IF "YES," ASK:

e. What do you think they should do?

_____
_____
_____
_____31-
DK ☐ -y

That you know are doing something to solve the problem in the neighborhoods? –

GROUP OR AGENCY NAME

II. 32- _____ 33-
_____
_____
_____
_____
_____34-
DK ☐ -y

III. 38- _____ 39-
_____
_____
_____
_____
_____40-
DK ☐ -y

IV. 44- _____ 45-
_____
_____
_____
_____
_____46-
DK ☐ -y

_____
_____
_____35-
DK ☐ -y

_____
_____
_____41-
DK ☐ -y

_____
_____
_____47-
DK ☐ -y

Yes ☐ 36-1
No ☐ -2 } (Skip to
DK ☐ -3 } Q.10a)

Yes ☐ 42-1
No ☐ -2 } (Skip to
DK ☐ -3 } Q.10a)

Yes ☐ 48-1
No ☐ -2 } (Skip to
DK ☐ -3 } Q.10a)

_____
_____
_____
_____37-
DK ☐ -y

_____
_____
_____
_____43-
DK ☐ -y

_____
_____
_____
_____49-
DK ☐ -y

ASK EVERYONE

10a. Have you ever seen or heard the New York State Narcotic and Drug Control Program mentioned in any advertisements, pamphlets, newspaper articles, on TV or radio, or ever heard about it through a school or community group?

Yes ☐ 50-1 No ☐ -2 (SKIP TO Q.11)

b. What is this group's exact name? _____

DK ☐ -y

IF "YES" IN Q.10a. BUT NEW YORK STATE NARCOTIC AND DRUG CONTROL PROGRAM WAS NOT MENTIONED IN Q.9, ASK:

c. What is this group doing? _____
_____
_____51-
DK ☐ -y

d. Do you feel that the State Narcotic and Drug Control Program is doing all it can to solve the drug use problem?

Yes ☐ 52-1 } SKIP TO Q.11)
DK ☐ -3 }
No ☐ -2

IF "NO," ASK:

e. What more should they do? _____
_____ 53-
DK ☐ -y

ASK EVERYONE

11. Since the State Narcotic and Drug Control Program has to tell people in the state about drugs and drug problems, what do you think would be helpful for people to know about drugs?

_____
_____ 54-
_____ 55-
DK ☐ -y

12a. Now let's talk about the state's second job – helping people get over an addiction. What do you think they should do to help these people?

_____
_____ 56-
_____ 57-
DK ☐ -y

b. How should they go about it? _____
_____
_____ 58-
DK ☐ -y

13a. Let's suppose for a moment that you yourself just happened to know that one of your neighbors was using a drug. What would you do about it?

_____
_____ 59-
DK ☐ -y

b. What would you do if this person happened to be a close friend or a relative (nephew, cousin, etc.)?

_____
_____ 60-
DK ☐ -y

c. What would you do if the person was a member of your immediate family (a sister, son, etc.)?

_____
_____ 61-
DK ☐ -y

IF NACC NOT MENTIONED IN Q.13, ASK:

d. Would you ask for help from the State Narcotic Addiction Control Commission for . .

	Yes	No	DK
a neighbor?	☐62-1	☐-2	☐-3
a close friend or relative?	☐ -4	☐-5	☐-6
a member of your immediate family?	☐ -7	☐-8	☐-9

14a. Would what you do depend on the type of drug the person used?

Yes ☐ 63-1 No ☐ -2 DK ☐ -3 (SKIP TO Q. 15a)

IF "YES", ASK:

b. What would you do differently if the person were using:

Marijuana?

_____

_____ 64-

Heroin?

_____

_____ 65-

Pep Pills?

_____

_____ 66-

LSD?

_____

_____ 67-

15a. Some people have said that the best way to handle the problem of drug addiction in a neighborhood is to set up a local center right in that neighborhood to provide hospital care. Patients would remain in this center while getting the medical help they need to get over their habit.

Other people say the best way is to have the center out of the neighborhood. How do you feel about this – do you think the center should be . . .

In the neighborhood? ☐ 68-1
Out of the neighborhood? ☐ -2
Or doesn't it matter? ☐ -3

b. Why do you feel this way?_____

_____ 69-
_____ 70-
_____ 71-

16a. When a person is well enough to leave the hospital care center, he must still report to another type of center every week or two. This center is like an outpatient clinic and provides additional help to keep people from going back to the use of drugs. Do you think this center should be . . .

In the neighborhood? ☐ 72-1
Out of the neighborhood? ☐ -2
Or doesn't it matter? ☐ -3

b. Why do you feel this way?_____

_____ 73-
_____ 74-
_____ 75-

5-3

SHOW CARD B

17a. Some people we have spoken to just happen to know of someone who tried or used drugs, while others did not. Do you happen to know of any men or boys who have tried or used any of these drugs during the past year?

Yes ☐ 6-1 No ☐ -2

b. Do you know any women or girls who have tried or used any of these during the past year?

Yes ☐ 7-1 No ☐ -2

(IF ANY "YES", ASK Q.17c. OTHERS SKIP TO Q.20a)

c. How many of these men or boys (women or girls) were . . .

	Males	Females
Teenagers?	____8-	____11-
In their 20's or 30's?	____9-	____12-
40 or older?	____10-	____13-

18a. Please look at this list of drugs and tell me how many of the (MENTION NUMBER, SEX AND AGE GROUPS FROM Q.17c) tried or used each one during the past year.

	Males			Females			
Drug	Teens (-1)	20's or 30's (-2)	40+ (-3)	Teens (-4)	20's or 30's (-5)	40+ (-6)	
Marijuana -1							-1
LSD -2							-2
Speed (Methedrine) -3							-3
Heroin -4							-4
Cocaine -5							-5
Pep-Pills (Amphetamines) -6							-6
Glue (Glue Sniffing) -7							-7
Morphine -8							-8
Sleeping Pills (Barbiturates) -9							-9
DMT -0							-0
Hashish -x							-x
Other (SPECIFY) -y							-y

5-4

FOR OFFICE USE ONLY

Drug	6-		18-		30-		42-		54-		66-	
Sex, Age	7-		19-		31-		43-		55-		67-	
Number	8-		20-		32-		44-		56-		68-	
	9-		21-		33-		45-		57-		69-	
Drug	10-		22-		34-		46-		58-		70-	
Sex, Age	11-		23-		35-		47-		59-		71-	
Number	12-		24-		36-		48-		60-		72-	
	13-		25-		37-		49-		61-		73-	
Drug	14-		26-		38-		50-		62-		74-	
Sex, Age	15-		27-		39-		51-		63-		75-	
Number	16-		28-		40-		52-		64-		76-	
	17-		29-		41-		53-		65-		77-	

18b. Now, would you please tell me how many of the (MENTION NUMBER, SEX AND AGE GROUPS FROM Q.17c) who tried these drugs are still using each one?

	Males			Females			
Drug	Teens (-1)	20's or 30's (-2)	40+ (-3)	Teens (-4)	20's or 30's (-5)	40+ (-6)	
Marijuana .....-1	____	____	____	____	____	____	-1
LSD .....-2	____	____	____	____	____	____	-2
Speed (Methedrine) .....-3	____	____	____	____	____	____	-3
Heroin .....-4	____	____	____	____	____	____	-4
Cocaine .....-5	____	____	____	____	____	____	-5
Pep-Pills (Amphetamines) ..-6	____	____	____	____	____	____	-6
Glue (Glue Sniffing) .....-7	____	____	____	____	____	____	-7
Morphine .....-8	____	____	____	____	____	____	-8
Sleeping Pills (Barbiturates) -9	____	____	____	____	____	____	-9
DMT .....-0	____	____	____	____	____	____	-0
Hashish .....-x	____	____	____	____	____	____	-x
Other (SPECIFY) .....-y	____	____	____	____	____	____	-y

5-5

FOR OFFICE USE ONLY

Drug	6-	18-	30-	42-	54-	66-
Sex, Age	7-	19-	31-	43-	55-	67-
Number	8-	20-	32-	44-	56-	68-
	9-	21-	33-	45-	57-	69-
Drug	10-	22-	34-	46-	58-	70-
Sex, Age	11-	23-	35-	47-	59-	71-
Number	12-	24-	36-	48-	60-	72-
	13-	25-	37-	49-	61-	73-
Drug	14-	26-	38-	50-	62-	74-
Sex, Age	15-	27-	39-	51-	63-	75-
Number	16-	28-	40-	52-	64-	76-
	17-	29-	41-	53-	65-	77-

IF ANY TRIERS OR USERS, ASK Q.19a & Q.19b

(IF MORE THAN ONE IN ANY AGE GROUP START: "Now talking about the (AGE GROUP) person you're most familiar with —")

19a. Why do you think this (AGE GROUP) person uses(d) drugs?
(RECORD ANSWERS ON LINE ACCORDING TO AGE GROUP)

Teens: _____
_____ 14-

20's & 30's: _____
_____ 15-

40 & Older: _____
_____ 16-

(IF MORE THAN ONE IN AN AGE GROUP START: "Again talking about the (AGE GROUP) person you're most familiar with —")

b. How did the (AGE GROUP) person get started using drugs?
(RECORD ANSWERS ON APPROPRIATE LINE)

Teens: _____
_____17-

20's & 30's _____
_____18-

40 & Older: _____
_____19-

Now I have some questions about the time you spend watching TV, listening to radio and reading newspapers and magazines this time of the year.

20a. About how many hours do you spend watching television during an average week?

_____(20-21)

b. Do you usually watch television on weekends?

Yes ☐ 22-1 No ☐ -2

21a. About how many hours a week do you spend listening to radio? This can be at home, in your car, at work or any other place. _____(23-24)

b. Do you usually listen to radio on weekends?

Yes ☐ 25-1 No ☐ -2

22a. About how many hours do you spend reading magazines during an average week?

_____(26-27)

b. About how many hours do you spend reading newspapers during an average week?

_____(28-29)

c. Do you usually read or look through a Sunday or weekend newspaper?

Yes ☐ 30-1 No ☐ -2

Now, we need some information about you in order to describe the people who have helped us in our survey. The information you give will remain confidential and be used only for research purposes.

23. What is the last year of school completed by the head of the household?

Some grade school	☐31-1
Completed grade school	☐ -2
Some high school	☐ -3
Completed high school	☐ -4
Some college	☐ -5
Completed college	☐ -6
Postgraduate work	☐ -7

24a. What industry, profession, or line or work is the head of the household engaged in?

_____

b. What is the head of the household's exact job in that industry, profession or line of work? _____
_____32-

25. Would you be good enough to tell me if the total take home pay of all wage earners in your household is over or under $150 a week?

	Under $150	☐ 33-1		Over $150	☐ -5
Is it:	Over $100 a week?	☐ -2	Is it:	Over $200 a week?	☐ -6
	or			or	
	Under $100 a week?	☐ -3		Under $200 a week?	☐ -7

26. Are you Protestant, Catholic, Jewish or do you have some other or no preference?

Protestant	☐ 34-1	No Preference	☐ -4
Catholic	☐ -2	Other	☐ -5
Jewish	☐ -3		

27a. How long have you been living at this address? _____ Months
Years 35-

b. Where did you live before; _____ (City) _____ (State) 36-
37-
38-

IF APPLICABLE:

c. In what neighborhood or area? _____

COMPLETE BY OBSERVATION:

A. Ethnic Classification –

Was Respondent:

White	☐ 39-1
Negro	☐ -2
Puerto Rican or other Latin-American group	☐ -3
Other	☐ -4

B. Location Description

Indicate the type of neighborhood covered in this location by checking one of the seven categories listed below. This should be done ONLY in terms of how this ENTIRE location looks in the eyes of the people in the community. Those people you spoke to PLUS your own opinions, based on your awareness of the location's characteristics, must be considered. Check more than one category if such is necessary to accurately describe this location.

A wealthy, or "Society"-type neighborhood; big business officials, very rich lawyers and doctors, and people with large, inherited incomes live here.	☐ 40-1
An excellent white-collar neighborhood – doctors, highly-paid managers, strictly a professional and executive neighborhood.	☐ -2
A better white-collar neighborhood – not many executives or doctors live here, but there are probably not blue-collar people, either.	☐ -3
Predominantly white-collar neighborhood, though a lot of fairly well-paid blue-collar families live here also.	☐ -4
Predominantly a blue-collar neighborhood – though some office workers might live here also.	☐ -5
Strictly a working-class neighborhood – not slummy, but a few shacks and very poor housing mixed in; probably no white-collar workers live here.	☐ -6

A slum neighborhood, the people here are common laborers or people on relief. ☐ -7

C. 1) Is there any public housing in this location? Yes ☐41-1 No ☐ -2

2) Is there any housing in this location devoted entirely or partially to housing the elderly? Yes ☐ -3 No ☐ -4

D. ETHNIC COMPOSITION:

What per cent of this location would you estimate to be . . .

White?	%	(42-43)
Negro?	%	(44-45)
Other? ..... (SPECIFY)	%	(46-47)
	TOTAL 100%	

TIME AT END OF INTERVIEW: _____ AM ☐ PM ☐ 48-49-50-51-

FOR OFFICE USE ONLY	
I. VALIDATION ☐☐ (0 1)	II. PERFORMANCE INDEX
BY:	A. Quality ☐☐☐☐ (A B C D)
Name _____	B. Length ☐☐☐☐ (A B C D)
Date _____	

52-53-54-55-

STATE OF NEW YORK
Nelson A. Rockefeller, Governor

NARCOTIC ADDICTION CONTROL COMMISSION

Executive Park South
Albany, New York 12203

Lawrence W. Pierce, Chairman
C. F. Terrence, M.D., Vice Chairman
Santiago Grevi
Arthur J. Rogers